

Revised description of work to half bath, Approved 11/12/25 -H.O.

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B25004811	10/29/2025
Description of Work		
SFD/ CONSTRUCT (1) STORY 24' X 38' ADDITION TO CREATE SUNROOM, POOJAH ROOM, HALF BATH, AND 2 CLOSETS, 1 STORY, Crawl Space, 2R, 0FB, 1HB, 0FP, OTHER STRUCTURE = N/A, 0BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method,		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12321	DANIEL CIRCLE	LN
Unit Type	Unit #	X Coordinate
--Select--		-76.94802
		Y Coordinate
		39.22673
City	State	Zip Code
CLARKSVILLE	MD	21029
	Primary	
	Yes	

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
924618	74	1.01	276300	1527400	1251100	RURAL
Legal Description						
IMPSLOT 32 1.0116 A[ ]12321 DANIEL CIRCLE LN[ ]WALNUT GROVE						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	32	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405448921	Walnut Grove					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-17	RC-DEO	4933-J4					
SDP No.	Final Plan No.	WP File No.					
	F-06-031						
Record Plat No.	WS Contract No.	FDP No.	Primary				
19220-1922			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2012	<input checked="" type="radio"/> Yes <input type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*

PASSE

Address Line 1

12321 DANIEL CIRCLE LANE

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Mail State

MD

Mail Zip Code

21029

Phone

917-971-7088

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # \* Business Name

License Type \* --Select--  
Primary Yes

First Name Middle Name Last Name

Address Line 1

Address Line 2

City State ZIP Code

Phone 1 Phone 2 Fax

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant

Relationship --Select--  
Primary Yes

First Name MI Last Name  
Dara Khader

Full Name  
Dara Khader

Organization Name  
Tri Fusion Inc

Street Address  
14732 MATTAWOMAN DR

Address Line 2

City State Zip Code  
BRANDYWINE MD 20613

Phone Cell Fax  
917-971-7088

E-mail \*  
darakhader@hotmail.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact

Relationship --Select--  
Primary No

First Name MI Last Name  
Dara Khader

Full Name  
Dara Khader

Organization Name  
Tri Fusion Inc

Street Address  
14732 MATTAWOMAN DR

Address Line 2

City State Zip Code  
BRANDYWINE MD 20613

Phone Cell Fax  
917-971-7088

E-mail  
darakhader@hotmail.com

Addl Info

Est Construction Cost \* 30000

Housing Units \* 0

Number of Buildings \* 0

Public Owned No

Construction Type --Select--

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee \*

Yes  No

Capital Project Number

(Text)

Fee Exempt \*

Yes  No

Roadside Tree Project Permit

Yes  No

Roadside Tree Pr

No of Stories \* 1 (Text) Foundation \* Crawl Space Basement \* N/A No of Rooms \* 2 (Text) Full Baths \* 0 (Number) Ha 1

Model \* SFD/ CONSTRUCT (1) STORY 24' X 38' ADDITION TO CREATE SUNROOM, POOJAH ROOM, HALF BATH, AND 2 CLOSETS

check spelling

Other Structure \* N/A Bedrooms \* 0 (Number) Porch Deck \* N/A No of Fireplaces \* 0 (Number) Type of Fireplace --Select--
W & S Fees Paid Water \* Private Sewage \* Private Utilities \* Electric Heating System \* Electric Sprinkler System \* None
1st Floor Width 26 FT (Number) 1st Floor Depth 30 FT (Number) 2nd Floor Width FT (Number) 2nd Floor Depth FT (Number) Basement Width FT (Number) Basement Depth FT (Number) Height FT (Number)
Total Square Footage \* 663 SQFT (Number) Occupiable Square Footage \* 663 SQFT (Number) Affordable Housing Funding \* N/A Foundation Measurement 26 x 30 (Text)
Walls 2x6 16oc (Text) Roof gable/asp (Text) Change In Use Change In Use Grading Permit No Grading Permit No Senior Housing Senior Housing MIHU Outside Downtown Columbia MIHU Outside Downtown Columbia
Additional Description Info Expiration Date 5/6/2026 MIHU Required Units 0 (Num)

check spelling

GREEN INFORMATION

Goal Level --Select-- Actual Level --Select-- Leed Registration Number (Text) Date of Leed Certification

STORM WATER MANAGEMENT

Green Roofs A1 Permeable Pavements A2 Reinforced Turf A3 Disconnection of Rooftop Runoff N1 (Number)
Sheetflow to Conservation Areas N3 Rainwater Harvesting M1 Submerged Gravel Wetlands M2 (Number) Landscape Infiltration
Dry Wells M5 (Number) Micro Bioretention M6 (Number) Rain Gardens M7 (Number) Swales M8 (Number)
PSWM Certification Received in CID on

Submit Cancel

## Oswald Jr, Woodin

---

**From:** Oswald Jr, Woodin  
**Sent:** Wednesday, November 12, 2025 7:36 AM  
**To:** 'Dara Khader'  
**Subject:** RE: B25004811\_12321 Daniel Circle Lane

Hi Dara,

Thanks for the confirmation on the half bath (powder room). The building permit has been approved by the Health Department.

Regards,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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**From:** Dara Khader <darakhader@hotmail.com>  
**Sent:** Friday, November 7, 2025 10:57 PM  
**To:** Oswald Jr, Woodin <hoswald@howardcountymd.gov>  
**Subject:** Re: B25004811\_12321 Daniel Circle Lane

### **WARNING!!!**

This email originated from someone outside of Howard County  
\*\*\*DO NOT CLICK LINKS OR OPEN ATTACHMENTS\*\*\*  
unless you recognize the sender and know for sure that the content is safe

Good Morning Hank,

Thank you for you email.

It will be only half Bathroom (Powder Room).

Regards,  
Dara

---

**From:** Oswald Jr, Woodin <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Thursday, November 6, 2025 6:20 PM  
**To:** [darakhader@hotmail.com](mailto:darakhader@hotmail.com) <[darakhader@hotmail.com](mailto:darakhader@hotmail.com)>  
**Subject:** B25004811\_12321 Daniel Circle Lane

Hello Dara,

I am contacting you to get clarification on the scope of work for building permit # B25004811. The address is 12321 Daniel Circle Lane. While the proposed floor plan shows a powder room next to the sunroom, the permit application describe a full bathroom. Please confirm which one it will be. If the description of work needs to change to match the proposed floor plan, please contact the permit office or upload a comment to the system.

Should you have any questions, please don't hesitate to ask.

Regards,

Hank

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## Oswald Jr, Woodin

---

**From:** Oswald Jr, Woodin  
**Sent:** Thursday, November 6, 2025 1:20 PM  
**To:** 'darakhader@hotmail.com'  
**Subject:** B25004811\_12321 Daniel Circle Lane

Hello Dara,

I am contacting you to get clarification on the scope of work for building permit # B25004811. The address is 12321 Daniel Circle Lane. While the proposed floor plan shows a powder room next to the sunroom, the permit application describe a full bathroom. Please confirm which one it will be. If the description of work needs to change to match the proposed floor plan, please contact the permit office or upload a comment to the system.

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Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #

EH-PLANS-25-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

11/05/2025

Single Entry Edit-View Record Form

Application Name

B25004811

Description

SFD/ CONSTRUCT (1) STORY 24' X 38' ADDITION TO CREATE SUNROOM, FULL BATH, AND CLOSET, 3 STORY, Existing, 15R, 5FB, 1HB, 1FP, OTHER STRUCTURE = 2 Car Attached, 4BR, PORCH/DECK = N/A, ENERGY METHOD = Performance Method

online BP. 11/6/25

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Zack Silvast

Address \* (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input checked="" type="checkbox"/>	12321		Daniel ...	LN	Clar...	MD	21029			

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Regi
<input checked="" type="checkbox"/>	Rajit Passey	12321 Daniel Circle Lane			Clarksville	MD	21029		US

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*

--Select--

Primary

Yes

First Name \*

Dara

Middle Name

Last Name \*

Khader

Home Phone (xxx)xxx-xxxx

Organization Name \*

Tri Fusion Inc.

Mobile Phone ((XXX)XXX-XXXX)

(917) 971-7088

E-mail

darakhader@hotmail.com

Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New	Look Up	Deactivate	Remove	Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
-----	---------	------------	--------	--------------------	--------------	----------------	------	-------	-----	---------	-----------	--------

0 record(s) found.

Custom Fields

DATE TRACKING

Received Date

11/5/2025

Due Date

11/19/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

11/5/2025

FACILITY INFORMATION

Name of Business (dba) \*

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Yes  No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes  No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes  No

Facility Fax

(Text)

Days of Operation

(Text)

Does this project have a Building Permit?

Yes  No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes  No

Does the project include Food Services? If Yes, forward to FP Program.

Yes  No

Facility Phone

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

Design Wastewater Flow

(Number)

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes  No

Engineer

0

(Text)

Number of paper copies

0

(Number)

Number of mylar copes

0

(Number)

Number of buildable lots created

Number of non-buildable lots created

<input type="text" value="0"/> (Number)	<input type="text" value="0"/> (Number)
<b>Total Number of Lots</b>	<b>Associated Plans</b>
<input type="text" value="0"/> (Number)	<div style="border: 1px solid black; height: 40px;"></div>

**WELL AND SEPTIC INTERNAL**

State Review Required  Yes  No      Coordinate State Review  Yes  No

Proposed Septic System Type  
--Select--

**FOOD ESTABLISHMENT FACILITY**

Priority Assessment       Licensed Type

License Category

**FOOD ESTABLISHMENT INFORMATION**

Hours of Operation  (Text)       Operating Seasonally Only

If Operating Seasonally, What is the start month?  (Text)      Are pets allowed in a outdoor seating area?  Yes  No

Full Bar?  Yes  No

**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category       Total Seating Capacity   
(Number)

Number of Restrooms   
(Number)      Interior Restaurant Seating Capacity   
(Number)

Bar Seating Capacity   
(Text)      Outdoor Seating Capacity   
(Text)

Does the restaurant have outdoor seating  Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards  Yes  No      Description of Refrigeration Units

Number of Walk-In Refrigerator Units  (Number)      Description of Walk-In Freezer Units  (Text)

Is there a bulk ice machine available  Yes  No      Space Limitation

Number of Hand Sinks Available  (Number)      Hood System   
(Text)

Ventless Equipment  (Text)

**PLUMBING**

Size and Installation of the water heater?  (Text)      Is there a grease interceptor or grease trap?

**REFUSE AND RECYCLABLES**

Dumpsters Located on a impervious surface?       Will there be a grease receptacle?

**WAREWASHING DISHWASHING**

Dishwashing Method

**HACCP**

Plan Review Response Letter Received  Yes  No      Date HACCP Approved by the State

Date HACCP Plan Submitted       HACCP Plan Approved



PREPARED BY

# UDES

**APPLICANT**

**DARA KHADER**  
M : 1 (917) 971 7088  
E: DARAKHADER@HOTMAIL.COM  
ADDRESS: 14732 MATTAWOMAN  
DR BRANDYWINE MD 20613

**OWNER**

**ADDRESS**

**12321 DANIEL CIRCLE  
LANE CLARKSVILLE**

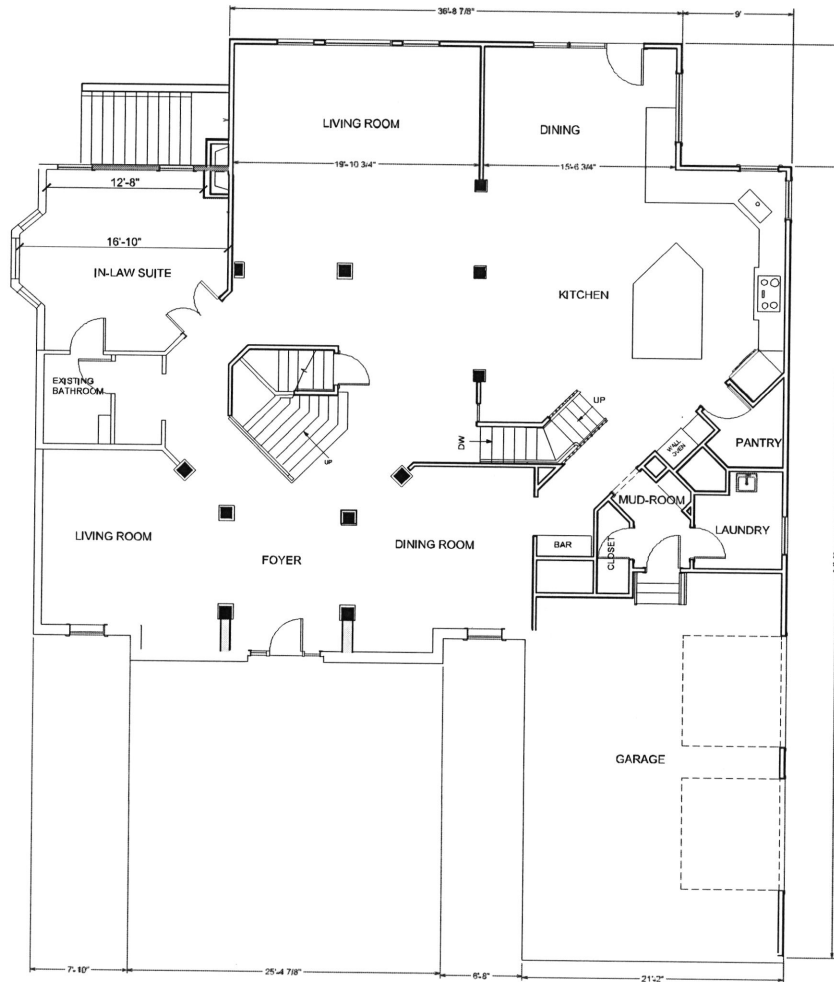
**NOTES**

**STAMP**

**SHEET INFO**

**SHEET NO. A0**

**EXISTING FIRST  
FLOOR**



EXISTING 1ST FLOOR  
SCALE: 1/4" = 1'-0"

PREPARED BY

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**OWNER**

**ADDRESS**

**12321 DANIEL CIRCLE  
LANE CLARKSVILLE**

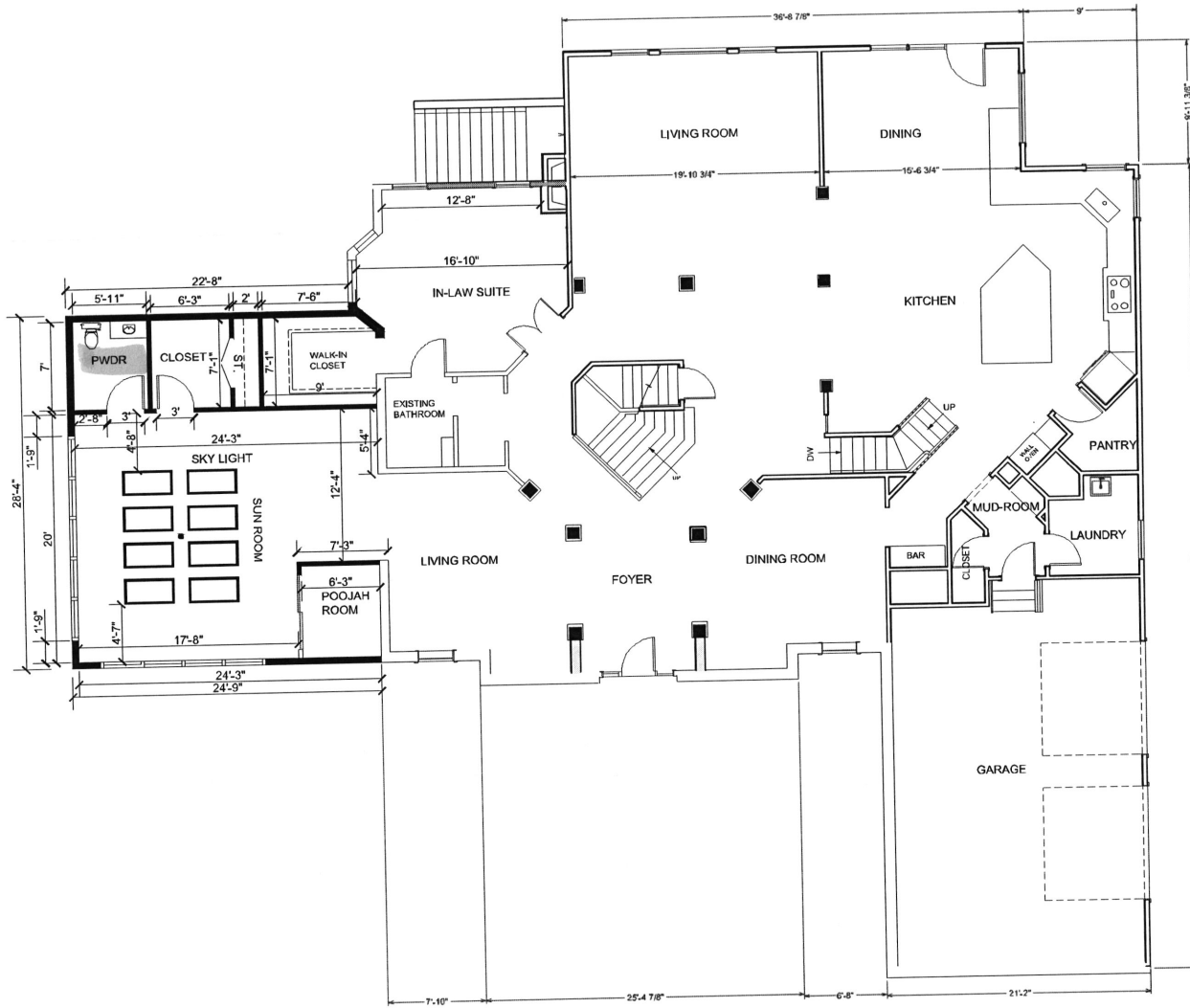
**NOTES**

**STAMP**

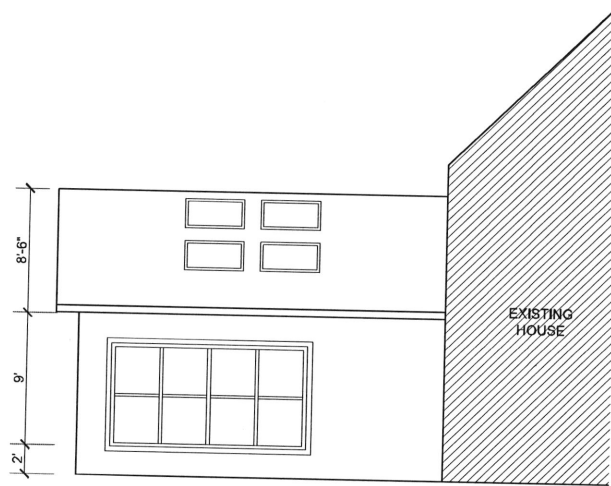
**SHEET INFO**

**SHEET NO.      A1**

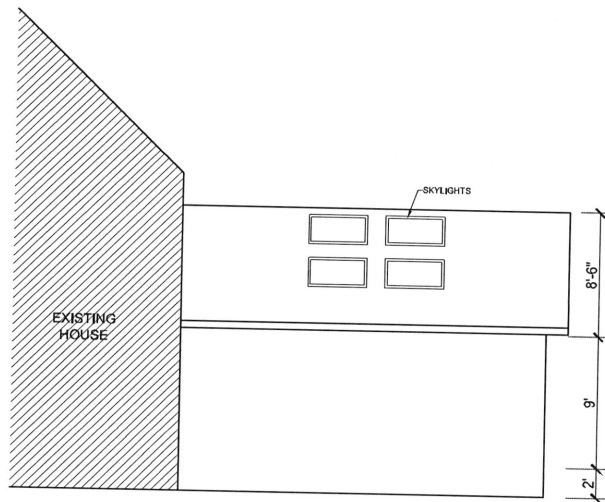
**PROPOSED FIRST  
FLOOR**



PROPOSED 1ST FLOOR  
SCALE: 1/4" = 1'-0"



**FRONT ELEVATION**  
1/4"=1'-0"



**REAR ELEVATION**  
1/4"=1'-0"

PREPARED BY

**UDES**

**APPLICANT**

DARA KHADER  
M : 1 (917) 971 7088  
E: DARAKHADER@HOTMAIL.COM  
ADDRESS: 14732 MATTAWOMAN  
DR BRANDYWINE MD 20613

**OWNER**

**ADDRESS**

**12321 DANIEL CIRCLE  
LANE CLARKSVILLE**

**NOTES**

**STAMP**

**SHEET INFO**

<b>SHEET NO.</b>	<b>A2</b>
------------------	-----------

**FRONT & REAR  
ELEVATION**

PREPARED BY

# UDES

**APPLICANT**

**DARA KHADER**  
M : 1 (917) 971 7088  
E: DARAKHADER@HOTMAIL.COM  
ADDRESS: 14732 MATTAWOMAN  
DR BRANDYWINE MD 20613

**OWNER**

**ADDRESS**

**12321 DANIEL CIRCLE  
LANE CLARKSVILLE**

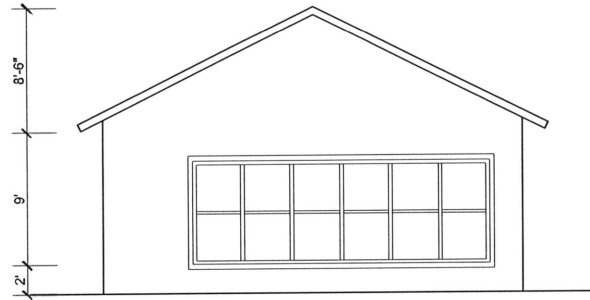
**NOTES**

**STAMP**

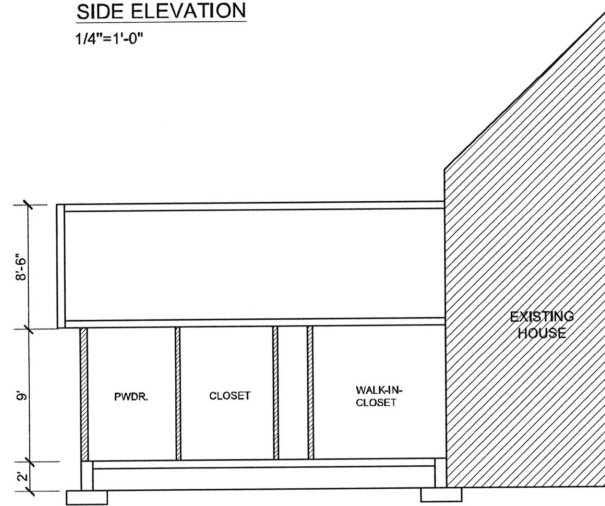
**SHEET INFO**

**SHEET NO.      A3**

**SIDE ELEVATION &  
SECTION**



**SIDE ELEVATION**  
1/4"=1'-0"



**BUILDING SECTION**  
1/4"=1'-0"

PREPARED BY

# UDES

**APPLICANT**

**DARA KHADER**  
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ADDRESS: 14732 MATTAWOMAN  
DR BRANDYWINE MD 20613

**OWNER**

**ADDRESS**

**12321 DANIEL CIRCLE  
LANE CLARKSVILLE**

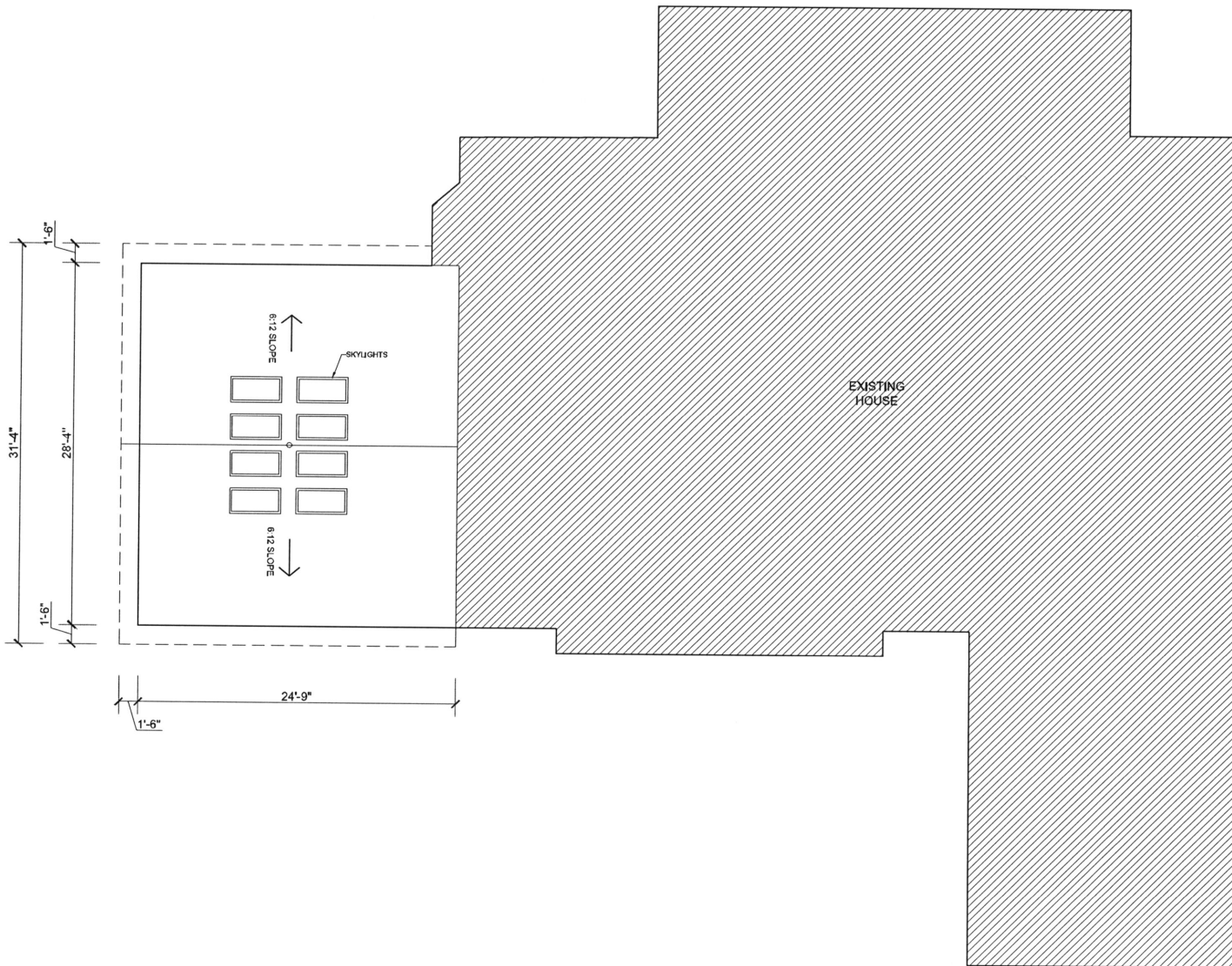
**NOTES**

**STAMP**

**SHEET INFO**

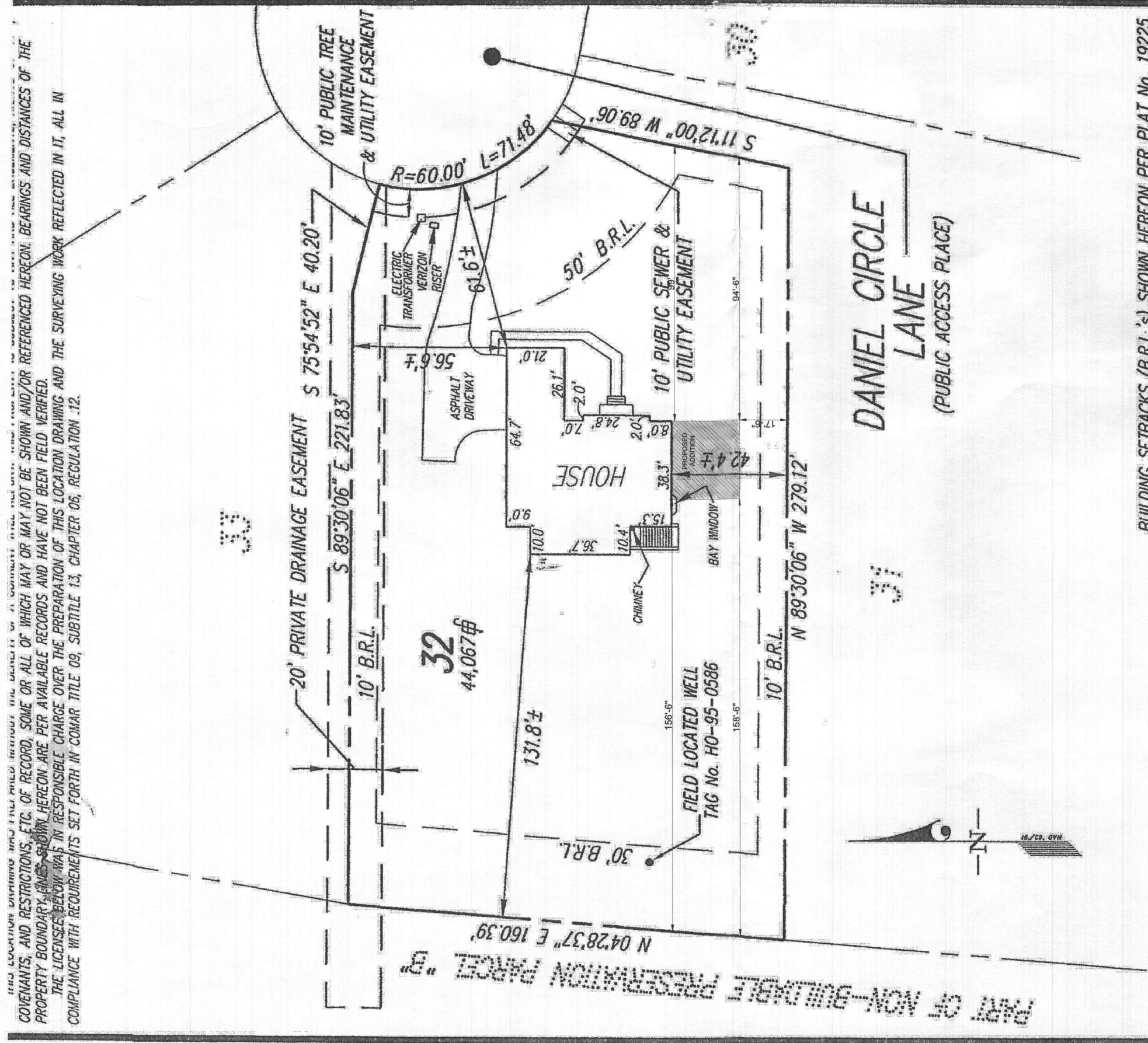
**SHEET NO.      A4**

**PROPOSED  
ROOF PLAN**



**ROOF PLAN**  
1/4"=1'-0"

THIS LOCATION DRAWING SHOWS FIELD MEASUREMENTS, BEARINGS AND DISTANCES OF THE COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THE LICENSEE BELOW WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS LOCATION DRAWING AND THE SURVEYING WORK REFLECTED IN IT, ALL IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN COMAR TITLE 09, SUBTITLE 13, CHAPTER 06, REGULATION 12.



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER PLAT No. 19225  
SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240044 0026 B, REVISED DECEMBER 4, 1986.	
REFERENCE:	PLAT No. 19225
DATE OF LATEST FIELD WORK:	02-21-2012
DRAWN BY:	JVC
CHECKED BY:	TJ
SCALE:	1"=50'
G.L.W. FILE No.	09057

**GLW GUTSCHICK LITTLE & WEBER, P.A.**  
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
 BURTONSVILLE, MARYLAND 20866  
 TEL.: 301-421-4024 BALTI: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SURVEYOR'S CERTIFICATE  
 THIS IS TO CERTIFY TO:  
 "NVR, INC."

LOCATION DRAWING  
 "WALNUT GROVE"