

Approval  
-Moz 5/1/25

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25001562	04/23/2025

Description of Work

SFD/ALTERATIONS TO EXISTING DWELLING TO INCLUDE: FIRST FLOOR KITCHEN REMODEL, REMOVE (1) LOAD-BEARING WALL AND INSTALL LVL BETWEEN LIVING/DINING RMS. SIZE 4 FT. LONG. REMOVE DINING RM. WINDOW AND CREATE (6'X14') NEW PANTRY AND ELIMINATE SMALLER PANTRY. NEW WINDOW OPENING IN LIVING RM. SECOND FLOOR ELIMINATE CLOSET WALL IN BDRM. AND ENLARGE CLOSET IN OTHER BDRM. ADD 2ND FL. LAUNDRY CLOSET.\*\*SUBJECT TO FIELD INSPECTION\*\*

[check spelling](#)

Online BP.  
gA 4/28/25

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
5709	ADAMS	WAY
Unit Type	Unit #	X Coordinate
-Select-		-76.96106
		Y Coordinate
		39.21146
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
872474	395	3.05	295300	757200	414900	RURAL
Legal Description						
LOT 26 3.054 A [ ] 5709 ADAMS WAY [ ] ADAMS REACH SECT 2						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	28	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405415640	ADAMS REACH					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-4	RR-DEO	4933-G7					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
10574			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1999	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*

DIETRI

Address Line 1

5709 ADAMS WAY

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Mail State

MD

Mail Zip Code

21029

Phone

410-531-5003

Primary

Yes

E-mail

Cell Number                      Fax Number

**Professionals** (This section is not required.)

**License #** · 08010048913  
**Business Name** INNOVATIVE BUILDING SERVICES LLC  
**License Type** · MHIC Ind  
**Primary** Yes  
**First Name** RICHARD  
**Middle Name**  
**Last Name** HAISLIP  
**Address Line 1** 5428 BARTHOLOW RD  
**Address Line 2**  
**City** SYKESVILLE  
**State** MD  
**ZIP Code** 21784  
**Phone 1** 240-624-2842  
**Phone 2**  
**Fax**  
**E-mail** info@innovativebuildingservices.net

**Applicant** (This section is not required.)

**Search**    **As Owner**    **As Lic. Prof**    **As Contact**

**Type** Applicant  
**Relationship** Applicant  
**Primary** No  
**First Name** VICKY  
**MI**  
**Last Name** MEYER  
**Full Name** VICKY MEYER  
**Organization Name** MARYLAND BUILDING PERMITS INC  
**Street Address** 1602 PINNACLE ROAD  
**Address Line 2**  
**City** TOWSON  
**State** MD  
**Zip Code** 21286  
**Phone** 410-296-6900  
**Cell** 443-250-3690  
**Fax** 410-296-7992  
**E-mail** mdbldgpermits@comcast.net

**Contact** (This section is not required.)

**Search**    **As Owner**    **As Lic. Prof**    **As Contact**

**Type** Contact  
**Relationship** Applicant  
**Primary** Yes  
**First Name** VICKY  
**MI**  
**Last Name** MEYER  
**Full Name** VICKY MEYER  
**Organization Name** MARYLAND BUILDING PERMITS INC  
**Street Address** 1602 PINNACLE ROAD  
**Address Line 2**  
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**Zip Code** 21286  
**Phone** 410-296-6900  
**Cell** 443-250-3690  
**Fax** 410-296-7992  
**E-mail** mdbldgpermits@comcast.net

**Addtl Info**

**Est Construction Cost** · 20000  
**Housing Units** 0  
**Number of Buildings** · 0  
**Public Owned** No  
**Construction Type** 434 - Additions, Alterations and Conversions - Residential

**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

**Total Square Footage** · 324  
**No of Stories** · 2  
**Basement** (Number) --Select--  
**Bedrooms** (Number)  
**Full Baths** (Number)  
**Half Baths** (Number)  
**Water** · Private  
**Sewage** · Private

Existing Utilities  
Electric

Existing Heating System  
Electric

Existing Sprinkler System  
None





Type of New Fireplace  
--Select--

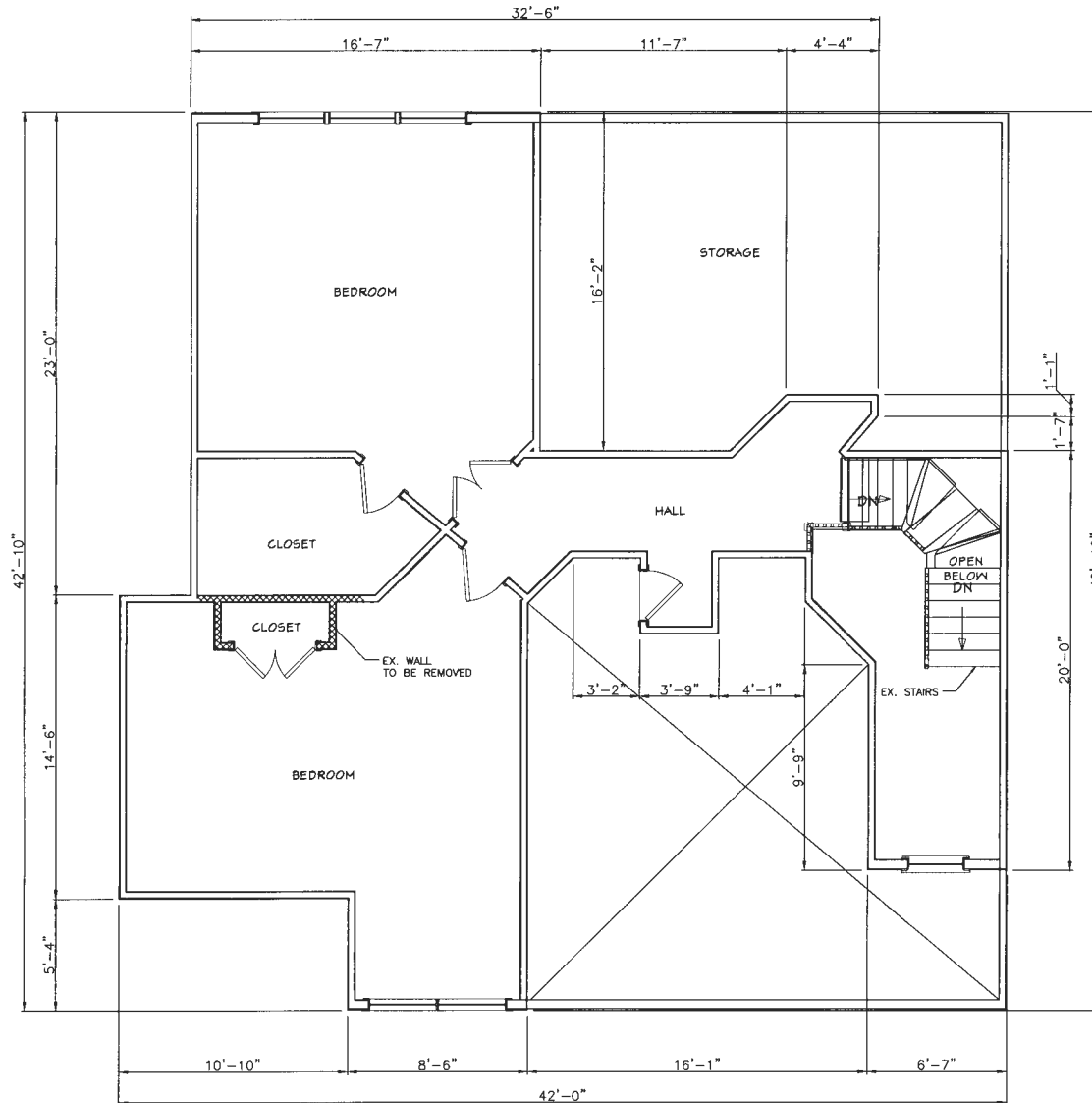
Expiration Date  
10/25/2025

Submit Cancel



WALL SYMBOLS

TYPE	DESCRIPTION
	EXISTING WALLS DEMOLITION
	EXISTING WALLS
	PROPOSED STUD WALL
	NEW CMU WALL



EXISTING SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTES:

1. FOR GENERAL NOTES SEE DRAWING A-1.
2. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS PRIOR TO ANY DEMOLITION.
3. THE CONTRACTOR SHALL PROVIDE TEMPORARY SUPPORTS AS NECESSARY PRIOR TO ANY DEMOLITION.
4. THE CONTRACTOR MUST PROTECT ALL ADJACENT AREAS DURING THE DEMOLITION PROCESS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGES TO THE PROPERTY DURING THE DEMOLITION PROCESS AND MUST REPAIR OR REPLACE AS PER OWNERS REQUIREMENTS.
5. THE CONTRACTOR SHALL REMOVE DEMOLITION DEBRIS FROM THE SITE AND KEEP THE PROPERTY CLEAN ALL THE TIMES.
6. ALL WORK SHALL BE DONE ACCORDANCE WITH HOWARD COUNTY BUILDING CODE.

PROJECT:  
RENOVATION  
5709 ADAMS WAY  
CLARKSVILLE, MD 21029

**ARENCO LLC**  
ARCHITECT  
LARRY HILL, CHIEF  
PROJECT MANAGER  
1000 W. 10TH ST. #200  
CLARKSVILLE, MD 21029  
TEL: (410) 766-7400 FAX: (410) 766-7401

PROJECT TITLE:  
RENOVATION  
5709 ADAMS WAY  
CLARKSVILLE, MD 21029  
SHEET TITLE:  
EXISTING SECOND FLOOR PLAN



PROJECT NUMBER:  
R25-78

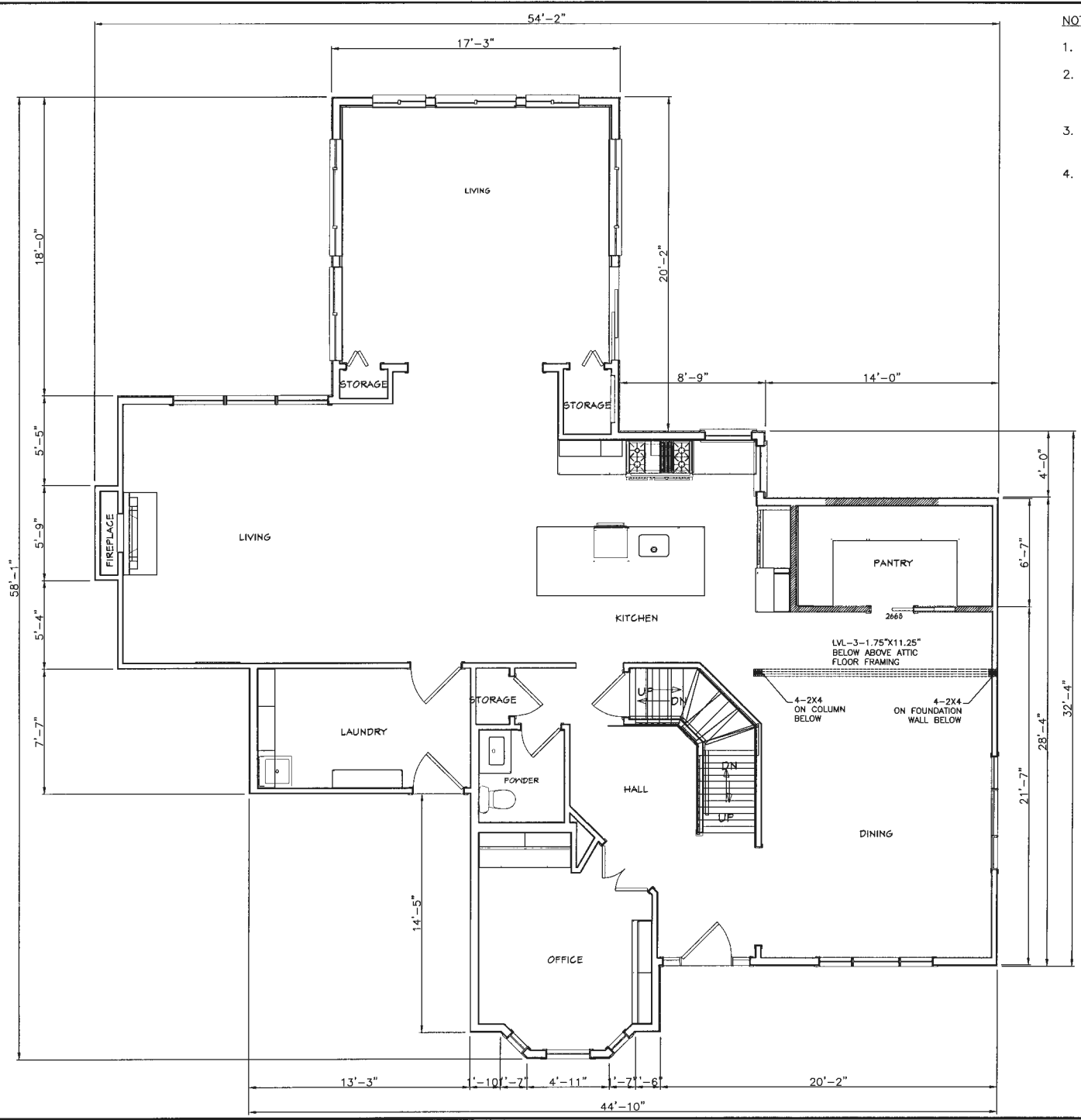
DRAWN BY:  
SP

APPROVED BY:  
PP

DATE:  
04/21/25

ORIGINAL SHEET SIZE:  
A4  
SCALE:  
AS SHOWN

DRAWING:  
A4



- NOTES:**
- FOR GENERAL NOTES SEE DRAWING A1.
  - ALL NEW INTERIOR STUD WALLS SHALL BE 2"x10" STUDS @ 24" O/C. WITH 1/2" DRY WALL ON BOTH SIDES EXCEPT NOTES OTHERWISE.
  - NEW INTERIOR WALLS SHALL BE 2X4 STUDS @ 16" O/C WITH 1/2" GB ON EACH FACE.
  - ALL WORK SHALL BE DONE ACCORDANCE WITH HOWARD COUNTY BUILDING CODE.

**WALL SYMBOLS**

TYPE	DESCRIPTION
	EXISTING WALLS DEMOLITION
	EXISTING WALLS
	PROPOSED STUD WALL
	NEW CMU WALL

- HARDWIRED AND INTERCONNECTED SMOKE ALARM
- HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM -UL 2034



**PROPOSED FIRST FLOOR PLAN**

SCALE: 1/4" = 1'-0"

PROJECT: RENOVATION  
 5709 ADAMS WAY  
 CLARKSVILLE, MD 21029

**ARENCO LLC**  
 ARCHITECT  
 5709 ADAMS WAY  
 CLARKSVILLE, MD 21029  
 TEL: (301) 401-1000 FAX: (301) 401-1010

PROJECT TITLE: RENOVATION  
 5709 ADAMS WAY  
 CLARKSVILLE, MD 21029  
 SHEET TITLE: PROPOSED FIRST FLOOR PLAN



PROJECT NUMBER: R25-78

DRAWN BY: SP

APPROVED BY: PP

DATE: 04/21/25

ORIGINAL SHEET SIZE: 36X48  
 SHOULD MEASURE 1"

SCALE: AS SHOWN





DRAWING:



**A5**

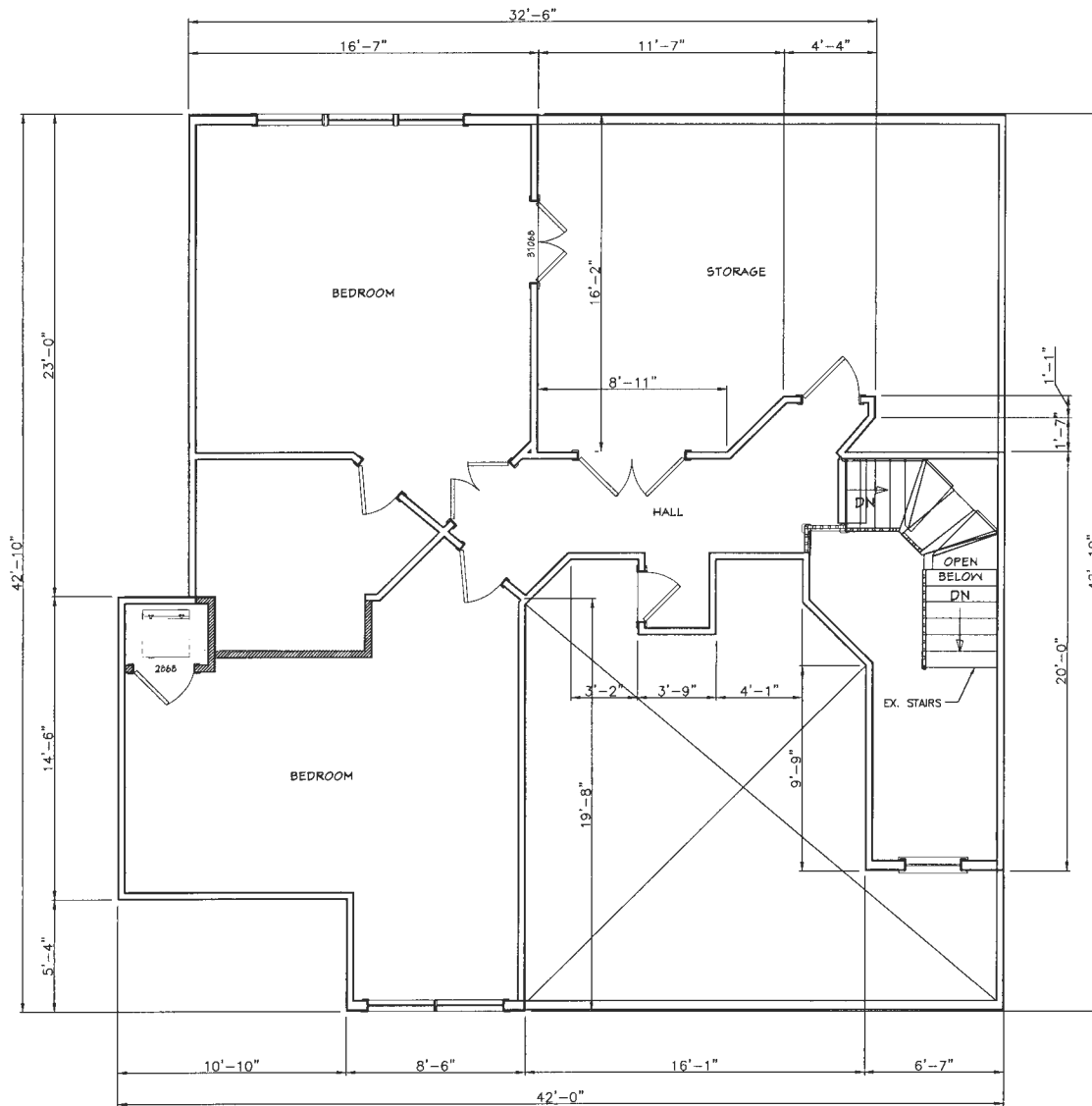
**NOTES:**

1. FOR GENERAL NOTES SEE DRAWING A1.
2. ALL NEW INTERIOR STUD WALLS SHALL BE 2"x10" STUDS @ 24" O/C. WITH 1/2" DRY WALL ON BOTH SIDES EXCEPT NOTES OTHERWISE.
3. ALL WORK SHALL BE DONE ACCORDANCE WITH HOWARD COUNTY BUILDING CODE.

**WALL SYMBOLS**

TYPE	DESCRIPTION
	EXISTING WALLS DEMOLITION
	EXISTING WALLS
	PROPOSED STUD WALL
	NEW CMU WALL

	HARDWIRED AND INTERCONNECTED SMOKE ALARM
	HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM -UL 2034



**PROPOSED SECOND FLOOR PLAN**

SCALE: 1/4" = 1'-0"

PROJECT:  
RENOVATION  
5709 ADAMS WAY  
CLARKSVILLE, MD 21029

**ARENCO LLC**  
ARCHITECTS  
CONTRACTORS  
TEL: 301-741-7400 FAX: 301-741-7401

PROJECT TITLE:  
RENOVATION  
5709 ADAMS WAY  
CLARKSVILLE, MD 21029  
SHEET TITLE:  
PROPOSED SECOND FLOOR PLAN



PROJECT NUMBER:  
R25-78

DRAWN BY:  
SP

APPROVED BY:  
PP

DATE:  
04/21/25

ORIGINAL SHEET SIZE:  
36" x 18"  
SHOULD MEASURE 1"  
L' 1' 1'

SCALE:  
AS SHOWN

REVISING:

**A6**

## Eshenbaugh, Melanie

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**From:** Eshenbaugh, Melanie  
**Sent:** Monday, May 5, 2025 12:01 PM  
**To:** Rondietrich@hotmail.com  
**Cc:** mdbldgpermits@comcast.net  
**Subject:** B25001562  
**Attachments:** 1000022148.jpg; 1000022149.jpg

Good afternoon,

It was very nice meeting Mrs. Dietrich on Friday. As previously discussed, I relayed the HD requirements during my site visit on 5/2 with your well cap/conduit. Currently, the well conduit is not secured under the well cap and is cracked (see attached) which can present a groundwater contamination risk. As a condition of HD approval of your building permit (**#B25001562**), we kindly request that the repair of the well conduit be taken care of to ensure that these components are watertight and in compliance with water potability standards for the residence in accordance with Health Dept. code (code requirements in COMAR 26.04.04.25). Please submit to the Health Dept. office documentation of the well repair via email or mail as proof of completion of the work. Also, we strongly recommend water testing for bacteria to ensure there is no potential health risk to the occupants of the property. Please contact the Community Hygiene program (410-313-1773) and someone can assist with scheduling water sampling if there is a desire to have the well water tested. Let me know if you have any questions and thank you kindly.

Melanie Eshenbaugh  
Bureau of Environmental Health  
Howard County Health Dept.  
8930 Stanford Blvd. Columbia, MD 21045  
[www.hchealth.org](http://www.hchealth.org)



#### CONFIDENTIALITY NOTICE

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DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-94-1067

INFORMATION-GIVE NUMBER AND WRITE  
2500 BRENNING HIGHWAY  
SALVING  
VIRGINIA LAND 21224





Heil Plumbing  
 8177 Mission Rd Jessup, MD 20794  
 office@heilplumbing.com

**BILL TO**

Sue Dietrich  
 5709 Adams Way  
 Clarksville, MD 21029 USA

<b>INVOICE</b> 61956343	<b>INVOICE DATE</b> 5/5/2025
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**JOB ADDRESS**

Sue Dietrich  
 5709 Adams Way  
 Clarksville, MD 21029 USA

**Completed Date** 5/5/2025  
**Customer PO #**  
**Payment Term** Due Upon Receipt  
**Due Date** 5/5/2025

**DESCRIPTION OF WORK**

Robert 5/5/25

Investigated the issue with the conduit at the well case. Pulled the lead off the casing and installed a new male adapter and conduit going down through the floor. Reinstalled and tested the pump.

Preventatively replaced the sewage ejector pump in the basement with a new Zoeller 1/2 horsepower pump. Tested for leaks and proper operation, then sealed the lid.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
G301	Replace Sewage Ejector Pump (G3. Sewer Ejector Pump ) Remove sealed lid from pit. Unplug existing sump pump and disconnect from discharge pipe. Remove and dispose of old parts. Inspect pit for defects. Note any problems with pit. Install new Zoeller M67 sump pump. Reinstall sealed lid. Test for proper function. Clean work area of debris.	1.00	\$1,875.00	\$1,875.00

**PAYMENT**

Paid On	Type	Memo	Amount
5/5/2025	Discover		\$1,875.00
		<b>SUB-TOTAL</b>	\$1,875.00
		<b>TAX 0%</b>	\$0.00
		<b>TOTAL DUE</b>	\$1,875.00
		<b>PAYMENT</b>	\$1,875.00
		<b>BALANCE DUE</b>	\$0.00

Thank you for choosing Heil Plumbing  
**CUSTOMER AUTHORIZATION**

This invoice is agreed and acknowledged. Payment is due upon receipt. A service fee will be charged for any returned checks, and a financing charge of 1% per month shall be applied for overdue amounts.


Sign here 

Date 5/5/2025

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**CUSTOMER ACKNOWLEDGEMENT**

I find and agree that all work performed by Heil Plumbing has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor.

Sign here 

Date 5/5/2025

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I authorize Heil Plumbing to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Sign here 

Date 5/5/2025

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