



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 1-23-15

Permit No.: B15D00300

Building Address: 12980 CLARKSVILLE PIKE
 City: CLARKSVILLE State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: ONE DWELLING HOUSE
 Proposed Use: "
 Estimated Construction Cost: \$ 11,200
 Description of Work: TWO CARPORTAGE WITH ONE BEDROOM/FULL BATHROOM ADDITION
 Occupant or Tenant: KO, SUNG WOOK & LEE HUI
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: SUNG WOOK KO
 Address: 12980 CLARKSVILLE PIKE
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 443 954 0032 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: JAMES (KYLE) PARK
 Address: 2604 HUDSON ST
 City: BALTIMORE State: MD Zip Code: 21234
 Phone: 703 493 9303 Fax: _____
 Email: cooljames77@comcast.net

Contractor Company: OWNER
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>365' 62.2'</u> 2 nd floor: <u>NONE</u>
Area of construction (sq. ft.):	Basement: <u>NONE</u>
Use group:	<input type="checkbox"/> Finished Basement
Construction type:	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: JAMES (KYLE) PARK
 Date: 1/23/15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1545</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B16005467

Building Address: 4311 TEAL OAKS RD
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: REMODEL
 Estimated Construction Cost: \$ 15000
 Description of Work: REMODEL

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: EDWARD J. JACOB
 Address: 4311 TEAL OAKS RD
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

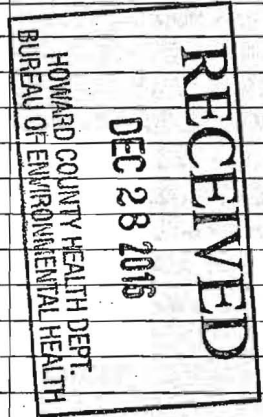
Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: TIF
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	



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Applicant's Signature: _____ Print Name: _____
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Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>16-17 Diana Bevan</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

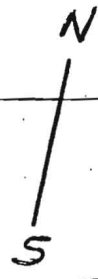
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Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

631.43' (N.T.S.)

565°04'22"E



EX. M.

EX. WELL

FRONT

EX. DRIVE

EX. SEPTIC TANK
EX. DIST. BOX

EX. RES.

EX. DRAIN FIELDS

9/28/95
Proposed pool location will have no impact to existing well & septic
Amy McMill

3.7409 AC.

FILTER PAD

24'x40' SWIMMING POOL

60" HIGH WOOD FENCE (BY OWNER AS PER CODE)

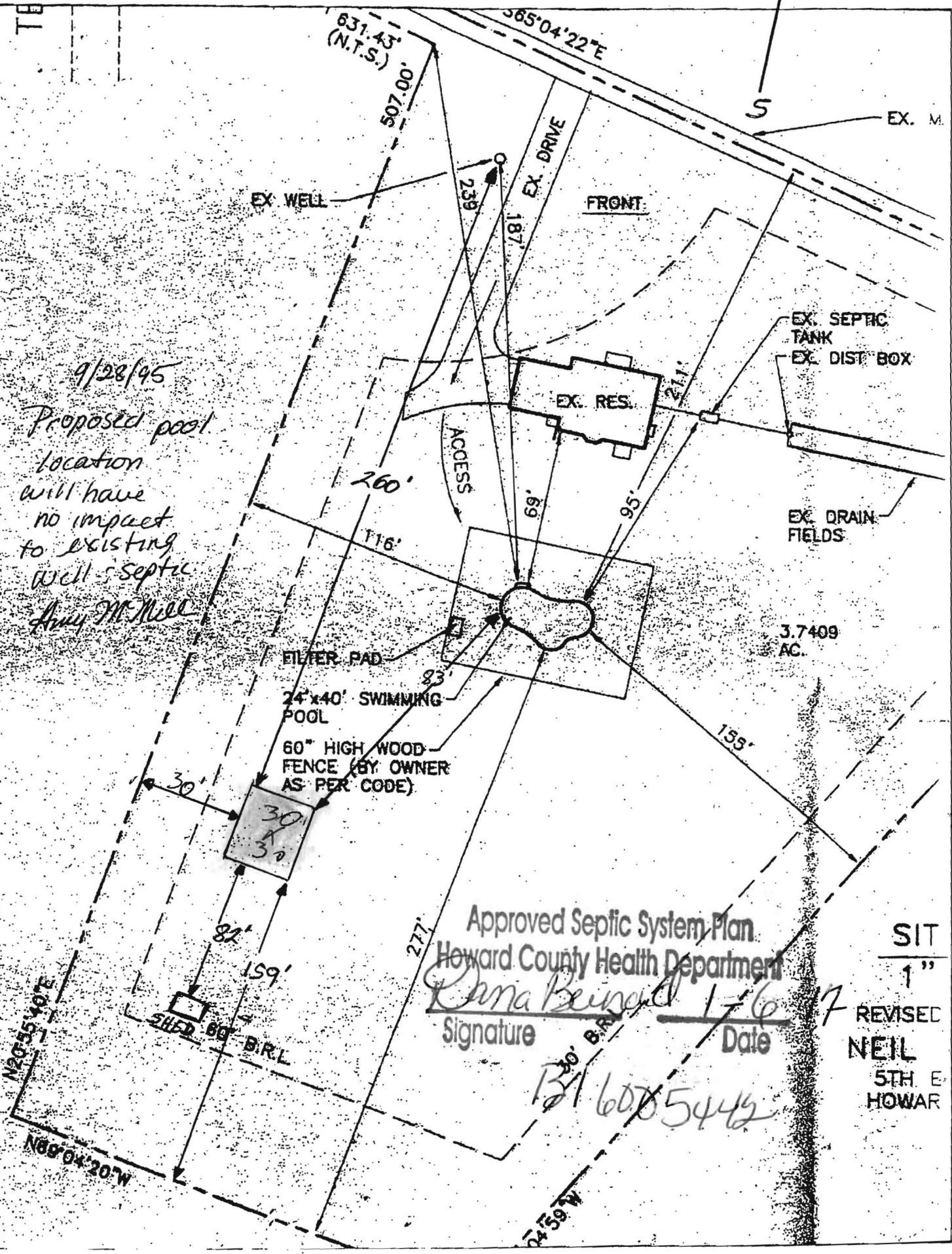
Approved Septic System Plan
Howard County Health Department

Rana Beisner
Signature

1-6-97
Date

SIT
1"
REVISED
NEIL
5TH E
HOWAR

131 607 5442



Williams, Jeffrey

From: Williams, Jeffrey
Sent: Tuesday, December 08, 2015 10:23 AM
To: 'James Park'
Cc: Bernard, Dana; 'Sung Wook Ko'
Subject: RE: 12980 Clarksville Pike Building Permit

Mr. Park: As requested during our discussion, I have double checked our records and I am unable to locate a property file for 12980 Clarksville Pike. Therefore, the remainder of the required items listed in my email below must be completed prior to Health approval of a building permit on the property. Thanks
Jeff

From: Williams, Jeffrey
Sent: Friday, September 11, 2015 9:08 AM
To: 'James Park'
Cc: Bernard, Dana; 'Sung Wook Ko'
Subject: RE: 12980 Clarksville Pike Building Permit

Hello Mr. Park. Thank you for the septic tank information. Based on the report, it appears that the tank is large enough to accommodate the proposed use. Please refer to my letter dated 5/26/15, sent to you on 5/29/15, for the remaining items required to be submitted to us prior to our consideration of a waiver to a perc certification and ultimate approval of the building permit. A copy of that letter is attached. Specifically, the size and location of the septic drainfield must be determined, the septic tank and drainfield must be located on a revised plot plan, an application for testing must be submitted to the Health Department in order to dig a test hole near the existing drainfield to determine a 4 foot soil buffer beneath the bottom of the drainfield, and the well must be either relocated or the addition altered to make it no closer to the well than the existing house. Please let me know if you have any questions. Thanks
Jeff

From: James Park [<mailto:cooljames777@hotmail.com>]
Sent: Thursday, September 10, 2015 7:00 AM
To: Williams, Jeffrey
Cc: Bernard, Dana; 'Sung Wook Ko'
Subject: RE: 12980 Clarksville Pike Building Permit

Good morning Jeffery and Dana,

Please find the attached report done by Septic specialist company that shows the existing septic system is in a good condition.

As I've mentioned a few times, we'd like to see whether we have to do anything with the existing septic. Since it seems everything is ok with septic, please confirm us that we do not need to do anything for the septic, then we would proceed to relocate the existing well as required.

For further questions or concerns, please email me.

Best regards,

James Park

Architectural Design Director

Space on Paper

c: 703.473.9808.

From: Williams, Jeffrey [<mailto:jewilliams@howardcountymd.gov>]

Sent: Friday, May 29, 2015 8:23 AM

To: cooljames777@hotmail.com

Subject: 12980 Clarksville Pike Building Permit

Please see the attached Health Department response to your letter regarding building permit B15000300 for 12980 Clarksville Pike.

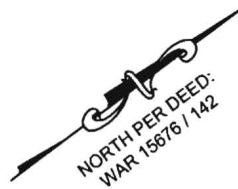
Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-1771
jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE

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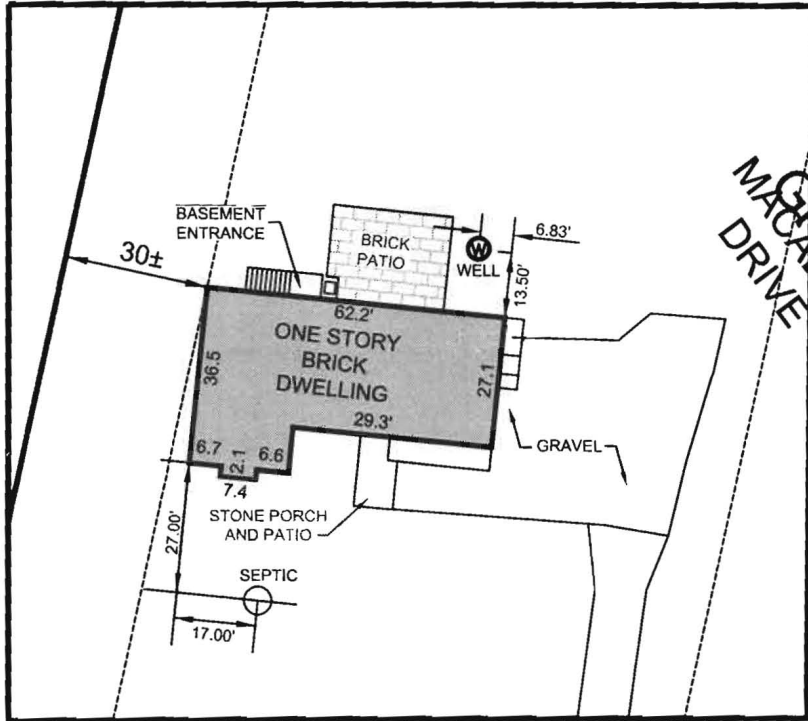
GENERAL NOTES:

1. BEARINGS AND DISTANCES SHOWN HEREON ARE BASED ON DEED DESCRIPTION RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN DEED W.A.R. 15676 / 142
2. THE LOCATION OF IMPROVEMENTS SHOWN HEREON ARE DERIVED FROM FIELD TAPED MEASUREMENTS AND DO NOT REPRESENT SURVEY GRADE ACCURACIES.
3. THIS PLAN HAS BEEN DEVELOPED FOR THE PURPOSE OF OBTAINING A PERMIT.
4. CURRENT ZONING: RR - RURAL RESIDENTIAL WITH DEO OVERLAY DISTRICT. SETBACKS SHOWN HEREON ARE BASED ON ZONING REGULATIONS. ACCESSORY STRUCTURES < 200 SQ. FT. ONLY REQUIRE 10 FOOT SETBACK. SETBACKS DISTANCES ARE BASED ON AN INTERPRETATION OF ZONING REGULATIONS AND MUST BE VERIFIED.



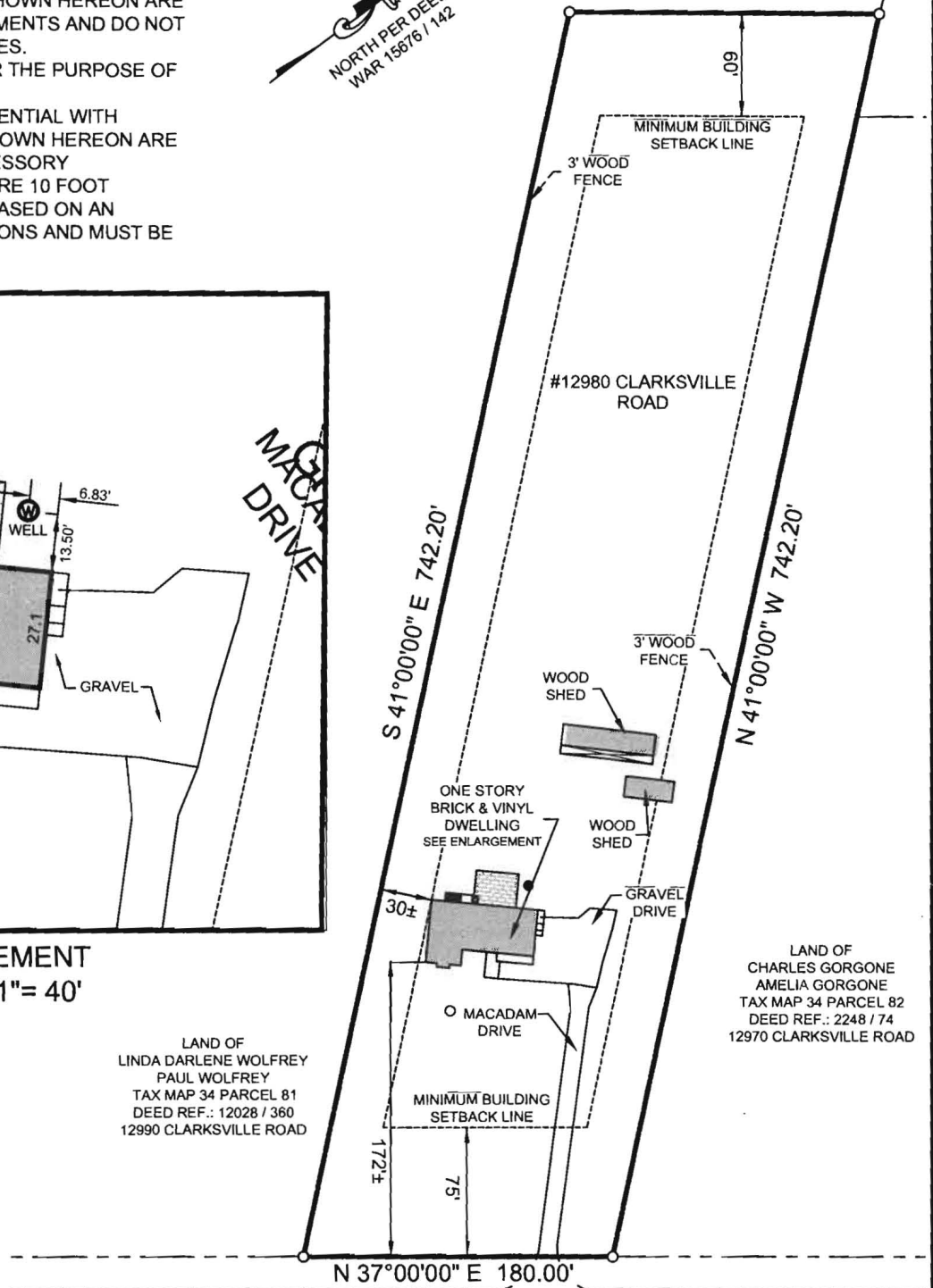
LAND OF
LINDA DARLENE WOLFREY
PAUL WOLFREY
TAX MAP 34 PARCEL 81
DEED REF.: 12028 / 360
12990 CLARKSVILLE ROAD

S 37°00'00" W 180.00'



**ENLARGEMENT
SCALE: 1"= 40'**

LAND OF
LINDA DARLENE WOLFREY
PAUL WOLFREY
TAX MAP 34 PARCEL 81
DEED REF.: 12028 / 360
12990 CLARKSVILLE ROAD



LAND OF
CHARLES GORGONE
AMELIA GORGONE
TAX MAP 34 PARCEL 82
DEED REF.: 2248 / 74
12970 CLARKSVILLE ROAD

EX. PAVING

EX. PAVING

MD ROUTE 108 - CLARKSVILLE ROAD

**PRECISION
SURVEYING AND
MAPPING** LLC

6809 South River Drive, Middle River, Maryland 21220
www.precision-surveys.us Phone: 410-459-2124
Using Modern Technology to Map America

DATE	9-11-14
SCALE	1"=100'
DESIGNED BY	
DRAWN BY	JBM

PERMIT PLAN
#12980 CLARKSVILLE PIKE
CLARKSVILLE MARYLAND, 21029
SUNG WOOK KO & HYUN A. LEE PROPERTY
TAX MAP 34 PARCEL 267 DEED REF.: 15676 / 142
HOWARD COUNTY, MARYLAND

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, September 11, 2015 9:08 AM
To: 'James Park'
Cc: Bernard, Dana; 'Sung Wook Ko'
Subject: RE: 12980 Clarksville Pike Building Permit
Attachments: 12980 Clarksville BP letter.pdf

Hello Mr. Park. Thank you for the septic tank information. Based on the report, it appears that the tank is large enough to accommodate the proposed use. Please refer to my letter dated 5/26/15, sent to you on 5/29/15, for the remaining items required to be submitted to us prior to our consideration of a waiver to a perc certification and ultimate approval of the building permit. A copy of that letter is attached. Specifically, the size and location of the septic drainfield must be determined, the septic tank and drainfield must be located on a revised plot plan, an application for testing must be submitted to the Health Department in order to dig a test hole near the existing drainfield to determine a 4 foot soil buffer beneath the bottom of the drainfield, and the well must be either relocated or the addition altered to make it no closer to the well than the existing house. Please let me know if you have any questions. Thanks
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Please find the attached report done by Septic specialist company that shows the existing septic system is in a good condition.

As I've mentioned a few times, we'd like to see whether we have to do anything with the existing septic. Since it seems everything is ok with septic, please confirm us that we do not need to do anything for the septic, then we would proceed to relocate the existing well as required.

For further questions or concerns, please email me.

Best regards,

James Park

Architectural Design Director

Space on Paper

c: 703.473.9808.

From: Williams, Jeffrey [mailto:jewilliams@howardcountymd.gov]

Sent: Friday, May 29, 2015 8:23 AM

To: cooljames777@hotmail.com

Subject: 12980 Clarksville Pike Building Permit

Please see the attached Health Department response to your letter regarding building permit B15000300 for 12980 Clarksville Pike.

Jeff Williams

Program Supervisor, Well & Septic Program

Bureau of Environmental Health

Howard County Health Dept.

410-313-1771

jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Tri-County Pump Service Inc.
6711 Old National Pike
Boonsboro, MD 21713

Existing On-Site Wastewater System Field Inspection Report

Date: Aug. 26. 15 Customer Name: Sung Wook Ko

Job Address: 12980 Clarksville Pike. Clarksville. MD. 21029

Site Condition: Dry Wet Recent Heavy Precipitation? Yes No
Weather: Sunny Cloudy Rain Snow

Tank Size: 1500 gal

- Pump Septic: Comments _____
- Inspect Baffles: Comments _____
- Lid/Risers: Comments _____
- Liquid Level: Comments _____

Was liquid draining from drain field back to septic tank Yes No
Is there evidence waste water surfacing? Yes No
Is any portion of the system below a deck, driveway, walkway, etc.? Yes No
Do trees or roots appear to interfere with the system? Yes No

Summary of System Inspection

- Satisfactory
- Satisfactory with concerns _____
- Unsatisfactory _____

The certification states the condition of the septic system at the time of the inspection only. Tri-County Pump Service, Inc. is not responsible for any malfunction of the system after the date of this inspection.

[Signature]
Technician

8-26-15
Date

Tri-County Pump Service Inc.
6711 Old National Pike
Boonsboro, MD 21713

Existing On-Site Wastewater System Field Inspection Report

Inspection Request Received From
Name: Sung Wook Ko Mailing Address: 12980 Clarksville pike
Telephone #: 443-854-0032 City, State, Zip: Clarksville, MD. 21029

Property Address
Name: Sung Wook Ko Mailing Address: 12980 Clarksville pike
Telephone #: 443-854-0032 City, State, Zip: Clarksville, MD. 21029

General Information
Pump Out
Date of Last Pump Out: Mar. 31. 15 Repairs Made to System? Yes No
Pumping Frequency: _____ Repair Details _____
Name of System Maintainer _____
Water Service
 Central Water On-Site Well

Property
Tax Map #: _____ Type of Structure: Single Family
Subdivision (if appl): _____ Multi-Family
City, State, Zip: _____ Community/Large
County: _____ Commercial

Age of Structure: 43 yrs # of Bedrooms: 2 # of Residents: 4
Occupied: Yes No Length of Vacancy: _____ Weeks _____ Months _____ N/A if Occupied

Permit/System
Permit Available: Yes No Permit #: _____
Age of System: _____
System Type: _____

Information Verification
I attest this information I have provided is true and accurate to the best of my knowledge

[Signature] Owner's/Requestor's Signature Aug 26. 15 Date

12990 Clarksville Pike

DEPARTMENT OF INSPECTIONS, LICENSES AND FEES 3400 CLAY HOUSE DRIVE ELLESMERE, MD 21043 PERMITS (410) 313-1850 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-2008-0001
Building Address <u>12990 CLARKSVILLE PIKE</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>PAUL & LYNN WINTER</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>12990 CLARKSVILLE PIKE</u>	
Census Tract <u>605101</u> Subdivision <u>CATHERS PROPER</u>		City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>	
Section _____ Area _____ Lot <u>APRIL 2</u>		Home Phone <u>301 854 2542</u> Work Phone <u>301 252-2406</u>	
Tax Map <u>34</u> Parcel <u>B1</u> Grid <u>17</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning <u>RR</u> Map Coordinates _____ Lot size <u>5.04</u>		Phone _____ Fax _____	
Existing Use _____		Contractor Company <u>DIPIERNA, PAUL & SONS</u>	
Proposed Use _____		Contact Person <u>PR</u>	
Estimated Construction Cost \$ <u>19,200</u>		Address <u>700 CLARKSVILLE</u>	
Description of Work <u>REMODELING BUILDING</u> <u>40' x 110' x 12'</u> <u>19' RINGS pole building</u>		City <u>NEW HOLLAND</u> State <u>PA</u> Zip Code <u>17557</u>	
Occupant or Tenant _____		License No. _____ Phone <u>717 756-0731</u> Fax <u>717 354-7744</u>	
Contact Name _____		Engineer or Architect Company _____	
Address _____		Contact Person _____	
City _____ State _____ Zip Code _____		Address _____	
Phone _____ Fax _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>POLE BARN</u> Dimensions: <u>40' x 110' x 12'</u> Footings: <u>CONCRETE</u> Roof Height: <u>12'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name _____
 Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>9-30-08</u>	<u>Dora Buroud</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>117</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	BDP/Red-line approval date _____	Accepted by _____



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDepartment

Maura J. Rossman, M.D., Health Officer

DATE: February 2, 2015

TO: Mr. James Park

Via E-mail: COOLJAMES777@HOTMAIL.COM

RE: **Building Permit # B15000300**

12980 Clarksville Pike

Clarksville, Maryland 21029

Mr. Park (Applicant),

No records could be located regarding the soil profiles or for the existing septic system area on your property. Our requirements for building permits are a full complete file for application approval. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed we will require the percolation certification plan to be submitted to our office for approval. This plan along with testing results will complete your file and allow us to review your building application.

In addition to perc testing, we will need floor plans for the existing house and the proposed addition. This information will be used to determine if your existing septic system can accommodate the proposed addition. If your existing septic system cannot accommodate the existing and the proposed addition you will be required to upgrade your system.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



Office of the Health Officer

8930 Stanford Drive, MD 21045

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDepartment

Maura J. Rossman, M.D., Health Officer

DATE: March 2, 2015

TO: Mr. James Park

Via E-mail: COOLJAMES777@HOTMAIL.COM

RE: **Building Permit # B15000300**

12980 Clarksville Pike

Clarksville, Maryland 21029

Mr. Park (Applicant),

I have received the floor plans for your house and they have been reviewed. It appears that the number of bedrooms will not change. However, the requirement for building permits has not changed. We do not have the soil profiles for the existing septic system area on your property. Our requirements for building permits are a full complete file for application approval. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed we will require the percolation certification plan to be submitted to our office for approval. This plan along with testing results will complete your file and allow us to review your building application for approval.

Another alternative to avoid percolation testing and a percolation certification plan will require you to submit a variance request. This request must be submitted to Michael Davis, Deputy Director of the Howard County Health Department. Variance reviews are subject to a three week review period, however every effort will be made to review the request as soon as possible.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in black ink that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

SPACE ON PAPER, INC.

2508 HUDSON STREET BALTIMORE, MD 21224

3/20/2015

Project Address: 12980 Clarksville Pike Clarksville, MD
Building Permit # B15000300

Mr. Davis,

I, as an architectural designer, have been working on the addition project referenced above for a while and asked to apply for variance for not upgrading or relocating the existing septic system.

The addition will be one story of three car garage with one bed with one bathroom as per approved plan. The building department has approved everything about two month ago, and this project has been pending by the Bureau of Environmental Health / Well and Septic Program Department.

I have talked a couple of people in the Health Department regarding the Septic system and I was told I might NOT need to upgrade the existing Septic system as long as I do not adding the number of bedrooms. Since the existing system was designed for four bedrooms and the existing house has 3 bedrooms. We are converting one of the bedroom as a library and add one bedroom in the new addition as shown in plans. So the number of bedrooms remains same.

Also I was requested to relocate the existing Well for the 30'-0" clearance from the addition and do percolation testing. We are contacting contractors for the Well related work.

We'd like to see if there were any ways we could get your approval without any variance or percolation test. And if we have to do the variance, please let us know what to prepare, what to expect and how long it normally takes for your approval with the variance.

Please email me or contact me for any questions, suggestions, and concerns.

I'd really appreciate your prompt reply.

Best regards,

James Park

703-473-9808, cooljames777@hotmail.com

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, May 29, 2015 8:23 AM
To: 'cooljames777@hotmail.com'
Subject: 12980 Clarksville Pike Building Permit
Attachments: 12980 Clarksville BP letter.pdf

Please see the attached Health Department response to your letter regarding building permit B15000300 for 12980 Clarksville Pike.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-1771
jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

May 26, 2015

James Park
Space on Paper, Inc.
2508 Hudson St
Baltimore, MD 21224

CC: Sung Wook Ko
12980 Clarksville Pike
Clarksville, MD 21224

RE: Waiver request
12980 Clarksville Pike
Clarksville, MD 21224
B15000300

Dear Mr. Park:

The Health Department has reviewed your request to waive the requirements for percolation tests at 12980 Clarksville Pike to support a building addition under building permit B15000300. Upon reviewing the available records, I have determined that a property record indicating a possible address of 12890 rt. 108 does not appear to be the record for this property.

In order to approve a building permit for a living space addition, the Health Department is required to verify that the existing septic system is adequate for the existing and proposed use and that there is adequate area for future repairs. Additionally, the location of all components must meet setbacks to the existing and proposed structures. With no record of the existing system, we will need to determine the size and location of the system as well as the depth of the drainfield to verify a soil buffer of at least 4 vertical feet beneath the bottom of the drainfield before encountering bedrock or groundwater.

We are open to potentially approving a waiver to the perc certification plan requirement for the proposed addition if the following requirements are met:

- The existing well must be relocated or the addition revised so that it is at least 16' away from the well, which is the distance from the well to the existing house.
- The size, condition, and location of the existing septic system components must be determined. A licensed sewage hauler may be able to determine the size of the septic tank during a pump out/tank inspection and listed on a detailed inspection report. A septic contractor must be able to determine the drainfield location and depth. Once those are determined, a plan must be submitted to the Health Department showing the locations. The Health Department will require a test hole dug near the drainfield at least 4 feet lower than the bottom depth of the

system to verify a soil buffer. Additional test holes will be required in the area of the system to verify suitable soil for future replacement systems.

- A replacement well permit will not be approved until the soil tests determine whether suitable soil exists in the area of the existing septic system.
- If the size, location, or depth of the existing septic system cannot be determined or if the system is found to be inadequate, a replacement system utilizing Best Available Technology for the treatment tank may be required as well as percolation tests to establish the location of the replacement system prior to building permit approval.

If you have any questions regarding this letter, you may contact me at the above address or by calling (410) 313-1771.



Jeffrey Williams
Program Supervisor
Well and Septic Program

GENERAL NOTES

- THIS SPACE SHALL BE CONSTRUCTED UNDER THE FOLLOWING IN ACCORDANCE WITH CURRENT LOCAL APPLICABLE AND INTERNATIONAL BUILDING CODE & INTERNATIONAL RESIDENTIAL CODE.
- THE CONTRACTOR SHALL VISIT THE SITE TO HAVE A COMPLETE UNDERSTANDING OF THE SCOPE OF PROJECT BEFORE SUBMITTING THE PROPOSAL.
- THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS PRIOR TO START OF CONSTRUCTION AND WILL BE RESPONSIBLE FOR THE SAME. ANY DISCREPANCY WILL BE INFORMED TO THE ARCHITECT IN WRITING FOR HIS CORRECTION.
- DO NOT SCALE DRAWINGS.
- CONTRACTOR SHALL VISIT SITE AND VERIFY EXISTING CONDITIONS WHICH MAY AFFECT THE NEW CONSTRUCTION.
- ALL PLAN DIMENSIONS TO CENTER LINE OF PARTITION UNLESS NOTED OTHERWISE, THE GENERAL CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
- FLOOR, WALL AND CEILING FINISHES SHALL EXTEND OVER, UNDER OR BEHIND ANY ITEM OF EQUIPMENT, FURNITURE, ETC., AS INDICATED IN THE DRAWINGS.
- PROVIDE SUPPLEMENTARY SUPPORT AND/OR FRAMING FOR ALL LIGHTING FIXTURES, CEILING DIFFUSERS, ETC.
- COORDINATE LOCATION OF CEILING DIFFUSERS LIGHT FIXTURES, SPRINKLER HEAD, MECH. DUCTS, ETC., SO AS NOT TO INTERFERE WITH EACH OTHER.
- PROVIDE METAL FURRING AROUND DUCTWORK, PIPING, ETC., WITH MATERIAL TO MATCH SURROUNDING FINISHES.
- NO WOOD OF ANY KIND EXCEPT FIXTURES AND FURNITURE SHALL BE USED IN THIS BUILDING EXCEPT FOR BLOCKING, GROUNDS, BACK BOARDS, ETC., WHICH SHALL BE FIRE RETARDANT TREATED.
- REPAIR, REPLACE AND/OR REFINISH ANY DAMAGE TO ITS ORIGINAL CONDITION AND ANY DAMAGE TO THE EXISTING BUILDING CAUSED BY NEW CONSTRUCTION.
- DO NOT DISTURB OR DISRUPT UTILITIES SERVING THE EXISTING BUILDING.
- CONSTRUCTION SHALL AT NO TIME RESTRICT ACCESS TO THE EXISTING BUILDING OR THE SERVICE AREAS WITHIN.
- CONTRACTOR SHALL NOTIFY THE OWNER AND/OR TENANTS OF ANY MECHANICAL, PLUMBING, OR ELECTRICAL "DOWN TIME" 5 DAYS PRIOR TO DISTURBANCE.
- CONTRACTOR SHALL "DOVETAIL" AND GET OWNER/TENANT APPROVAL OF "DOWN TIME" SCHEDULING, LENGTH AND EXTENT AT LEAST 24 HOURS PRIOR TO THE SCHEDULE DOWN.
- ALL MILLWORK TO CONFORM TO A.W.I. STANDARD FOR CUSTOM GRADE.

APPLICABLE CODES

BUILDING CODE: IBC 2012
 RESIDENTIAL CODE: IRC 2012
 ELECTRICAL CODE: NEC 2011
 PLUMBING WORK: IPC 2012
 LIFE SAFETY CODE: 2006 NFPA 101

WORK SCOPES

- A NEW ADDITION FOR A TWO-CAR GARAGE AND A NEW BEDROOM WITH A FULL BATHROOM IN THE ROOM.
- THE EXISTING HOUSE HAS THREE BEDROOMS AND ONE OF THE EXISTING BEDROOM TO BE CONVERTED TO A LIBRARY. THE NUMBER OF BEDROOMS REMAIN SAME AS CURRENT.
- A NEW TWO CAR GARAGE WILL BE ONE HOUR RATED AS SHOWN ON PLANS.
- NEW ROOF TO BE PRE-ENGINEERED, PRE-MANUFACTURED TRUSS SYSTEM. G.C. TO PROVIDE THE SHOP DRAWINGS PER REQUEST.

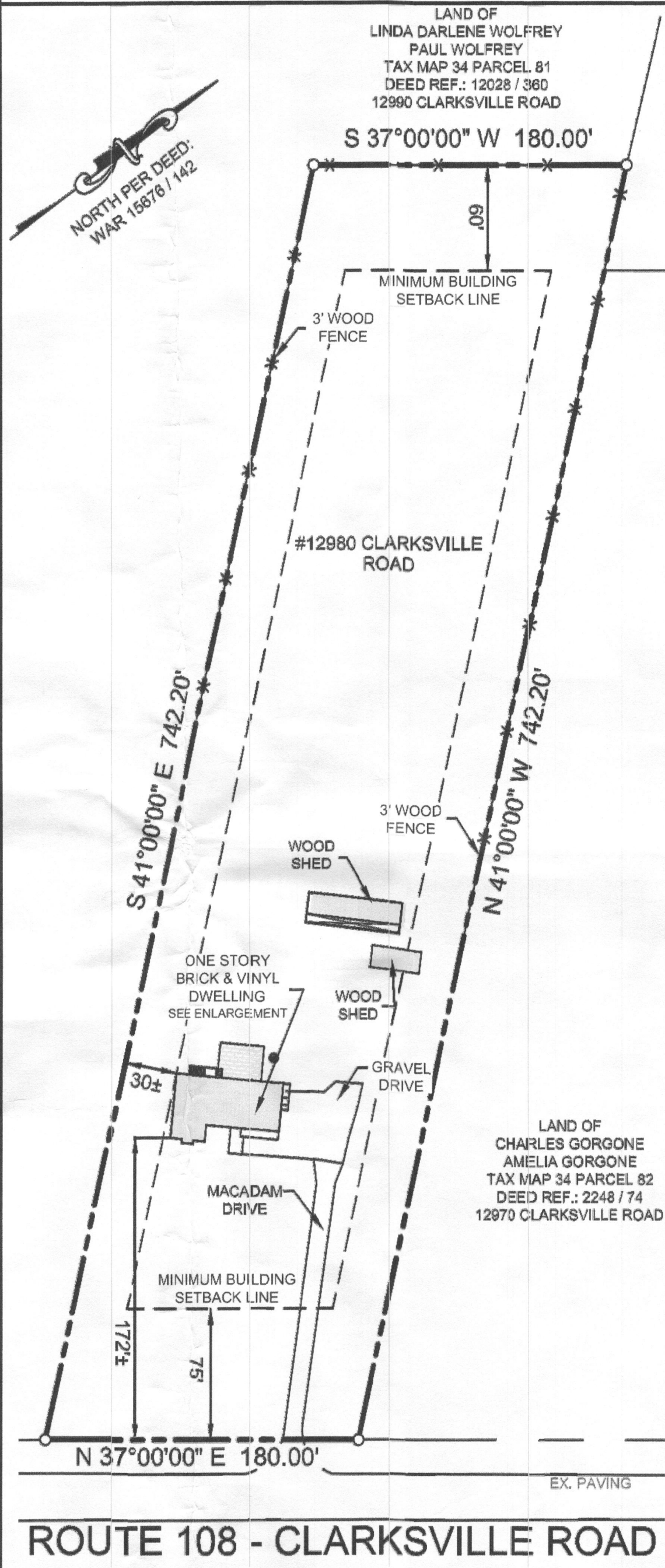
SHEET KEY NOTES

- EXISTING MAIN ENTRANCE DOOR TO REMAIN (OR REPLACED).
- REMOVE PARTIAL EXISTING WALL AT EXISTING BEDROOM TO HAVE A OPENING IN THE NEW, CONVERTED, LIBRARY.
- EXISTING DOOR TO BE REMOVED AND LEAVE IT OPEN.
- REMOVE PARTIAL EXISTING WALL TO CREATE A SECONDARY ACCESS TO THE CONVERTED LIBRARY.
- EXISTING KITCHEN TO REMAIN.
- EXISTING WALK-IN PANTRY TO REMAIN.
- EXISTING LAUNDRY TO REMAIN.

LEGENDS

- EXISTING DOOR, FRAME AND HARDWARE TO REMAIN
- WALL/DOOR DEMOLITION
- KEY NOTE
- EXISTING

EXISTING SITE PLAN



SPACE ON PAPER
 architecture, interior & graphics

2508 Hudson St.
 Baltimore, MD 21224

Architectural Designer:
 James Park
 C: 703.473.9808
 james@spaceonpaper.com

PROJECT
 PROJECT NUMBER:
 141130_MD_KOH

12980 Clarksville Pike
Residence Garage Addition
 12980 Clarksville Pike Clarksville, MD 21029

OWNER
 sung wook ko & hyun a. lee
 12980 Clarksville Pike
 Clarksville, MD 21029

CLIENT
 same as owner

ISSUED DRAWING LOG

NO.	DATE	DESCRIPTION
CD	11.30.2014	PERMIT SET


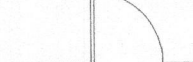

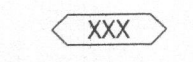

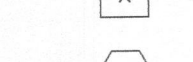



SHEET IDENTIFICATION

TITLE
EXISTING/DEMOLITION FLOOR PLAN & ELEVATIONS

NUMBER

A-1
 © 2008 SOP

LEGENDS

-  EXISTING DOOR, FRAME AND HARDWARE TO REMAIN
-  NEW DOOR, FRAME AND HARDWARE
-  NEW WALL CONSTRUCTION
-  WINDOW NUMBER
-  DOOR NUMBER, REFER TO DOOR SCHEDULE
-  WALL TYPE
-  KEY NOTE
-
-  ABOVE FINISHED FLOOR (HEIGHT)
-  GYPSUM WALL BOARD, DRYWALL

INSULATION VALUE PER IECC 2012

Climate Zone	4
Ceiling R-value	49
Wood Frame Wall R-value	20
Mass Wall R-value	5/10
Floor R-value	19
Basement Wall R-value	10/13
Slab R-value, Depth	10, 2 ft
Crawlspace Wall R-value	10/13
Fenestration U-Factor	0.40
Skylight U-Factor	0.60
Glazed fenestration SHGC	NR

SCHEDULES

FINISH SCHEDULE

ROOM NUM.	SPACE TITLE	FLOOR	WALL	BASE	CEILING	REMARK
100	VESTIBULE	CERAMIC TILE	PAINT ON GWB	TILE	GWB	extend finish floor to shoes closet
111, 111C	GARAGE, STORAGE	CONCRETE	PAINT ON GWB	VINYL	GWB	semi gloss paint recommended
112	NEW BEDROOM	HARDWOOD	PAINT ON GWB	WD	GWB	extend finish floor to wall closet
113	NEW BATHROOM	CERAMIC TILE	TILE/PAINT ON GWB	TILE	GWB	semi gloss paint recommended
114	WALK-IN CLOSET	HARDWOOD	PAINT ON GWB	WD	GWB	
115	GARAGE VESTIBULE	CERAMIC TILE	PAINT ON GWB	TILE	GWB	semi gloss paint recommended

VCT: VINYL COMPOSITE TILE
 TILE: CERAMIC TILE
 GWB: GYPSUM WALL BOARD
 ACT: ACOUSTIC CEILING TILE
 GL: GLASS (TEMPERED)
 MTL: METAL
 WD: WOOD
 FRP: FIBERGLASS REINFORCED PLASTIC PANEL

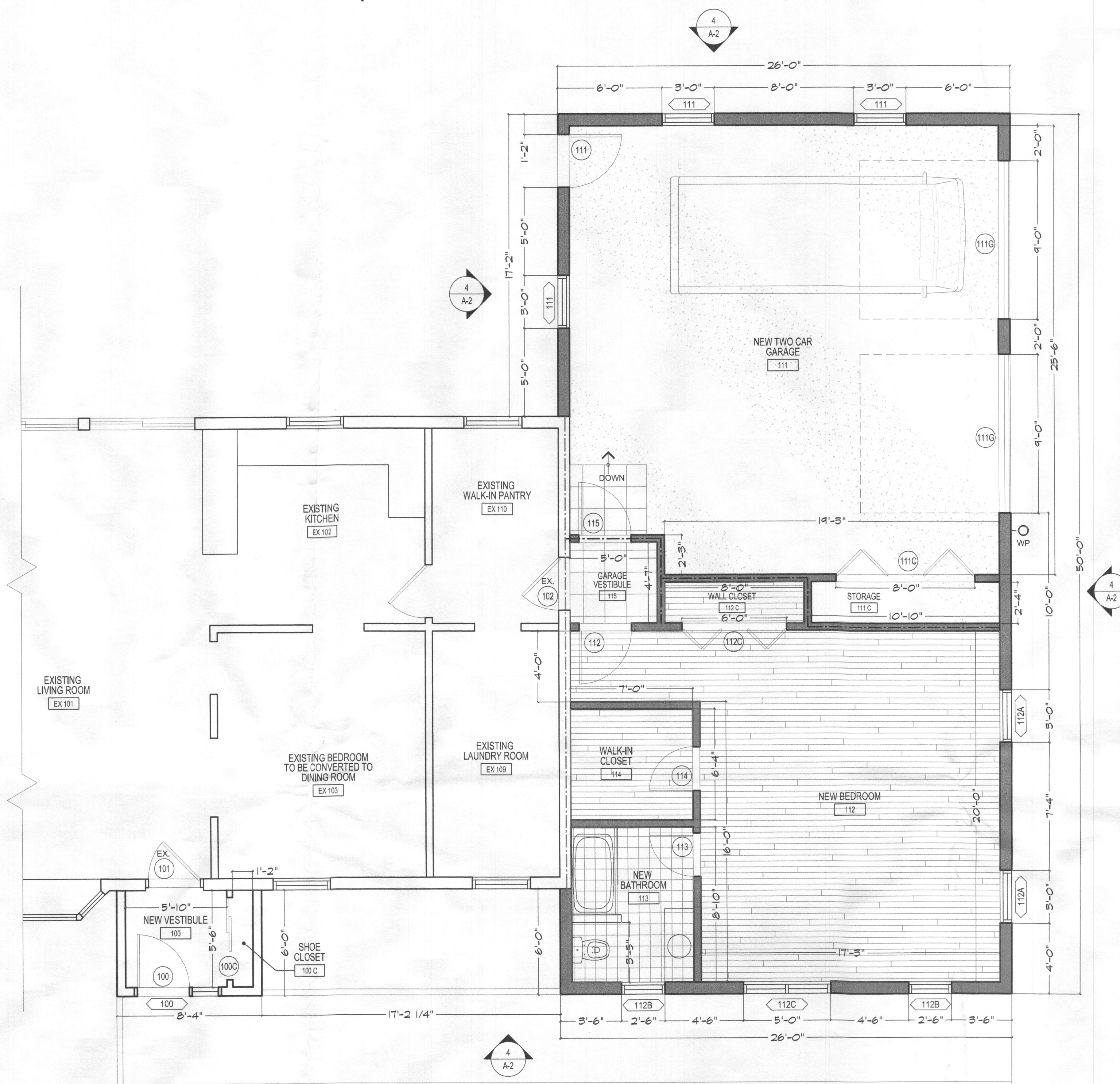
NEW DOOR SCHEDULE

NUM.	LOCATION	Qty.	SIZE		DESCRIPTION / REMARK
			WIDTH	HEIGHT	
100	VESTIBULE	1	3'-0" door, 14" side light	6'-8"	EXTERIOR PATIO DOOR WITH SIDE LIGHT (14" W)
100C	VESTIBULE, SHOE CLOSET	1	4'-0" (2X2 SLIDING)	6'-8"	VINYL HOLLOW CORE SLIDING DOOR
111	GARAGE ENTRANCE DOOR	1	3'-0"	6'-8"	EXTERIOR PATIO DOOR
111C	STORAGE	1	8'-0" (2X4 BI-FOLD)	6'-8"	VINYL HOLLOW CORE BI-FOLD DOOR
111G	GARAGE DOOR	2	9'-0"	8'-0"	STYLES TO BE SELECTED BY OWNER
112	NEW BEDROOM	1	3'-0"	6'-8"	INTERIOR HOLLOW CORE DOOR
112C	WALL CLOSET	1	6'-0" (36" EA.)	6'-8"	VINYL HOLLOW CORE BI-FOLD DOOR
113	BATHROOM	1	3'-0"	6'-8"	INTERIOR HOLLOW CORE DOOR
114	WALK-IN CLOSET	1	3'-0"	6'-8"	INTERIOR HOLLOW CORE DOOR
115	GARAGE VESTIBULE	1	3'-0"	6'-8"	45 MIN. FIRE RATE INTERIOR DOOR

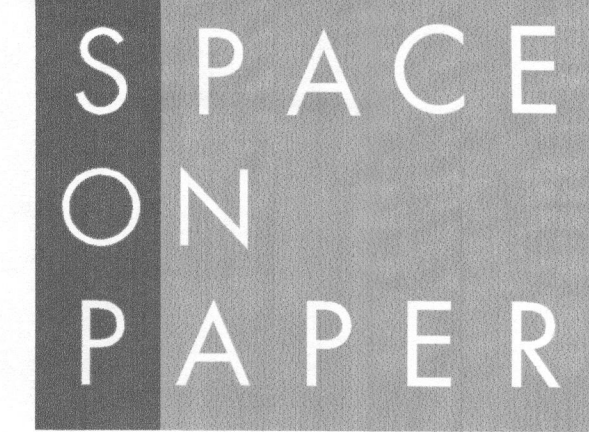
WINDOW SCHEDULE

NUM.	LOCATION	Qty.	SIZE		DESCRIPTION / REMARK
			WIDTH	HEIGHT	
100	VESTIBULE FRONT	1	20"	20" DIAMETER	DECORATIVE ROUND WINDOW ABOVE MAIN ENTRANCE
111	GARAGE	3	2'-6"	4'-0"	4'-0" AFF
112A	BEDROOM	3	2'-6"	4'-0"	3'-2" AFF
112B	BATHROOM	1	2'-6"	4'-0"	3'-2" AFF
112C	BEDROOM	1	5'-0" (pair)	5'-0"	2'-8" AFF

R-VALUE FOR WINDOWS SHOULD BE 0.40 OR HIGHER.



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



SPACE ON PAPER

architecture, interior & graphics

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 C: 703.473.9808
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PROJECT

PROJECT NUMBER:
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**12980 Clarksville Pike
 Residence Garage Addition**

12980 Clarksville Pike Clarksville, MD 21029

OWNER
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 12980 Clarksville Pike
 Clarksville, MD 21029

CLIENT
 same as owner

ISSUED DRAWING LOG

NO.	DATE	DESCRIPTION
CD	11.30.2014	PERMIT SET
NO.	DATE	DESCRIPTION

SHEET IDENTIFICATION

TITLE

**PROPOSED
 FLOOR PLAN**

NUMBER

A-2

© 2008 SOP

12980 Clarksville Pike
Residence Garage Addition
12980 Clarksville Pike Clarksville, MD 21029

OWNER
sung wook ko & hyun a. lee
12980 Clarksville Pike
Clarksville, MD 21029

CLIENT
same as owner

ISSUED DRAWING LOG

NO.	DATE	DESCRIPTION

CD 11.30.2014 PERMIT SET
NO. DATE DESCRIPTION

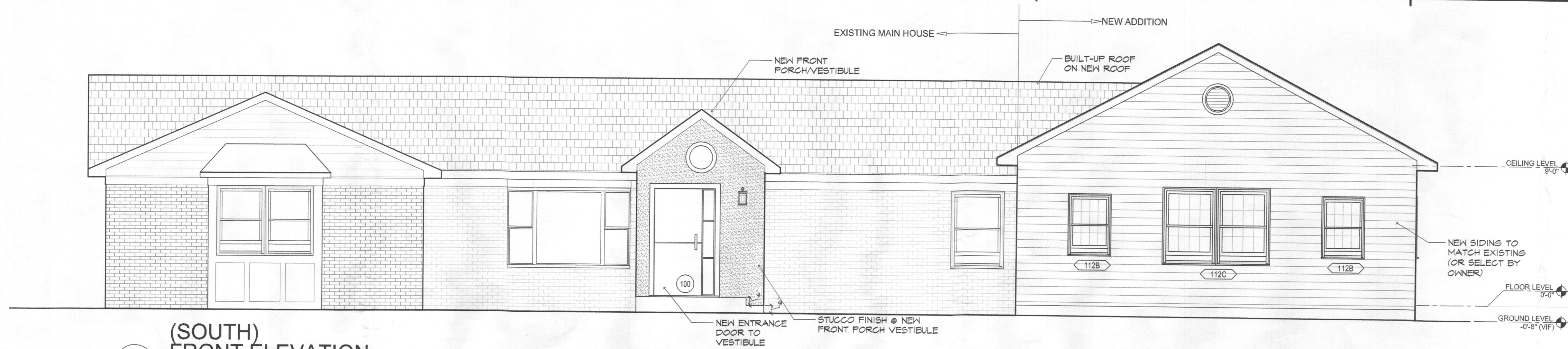
SHEET IDENTIFICATION

TITLE

**PROPOSED
ELEVATIONS**

NUMBER

A-3



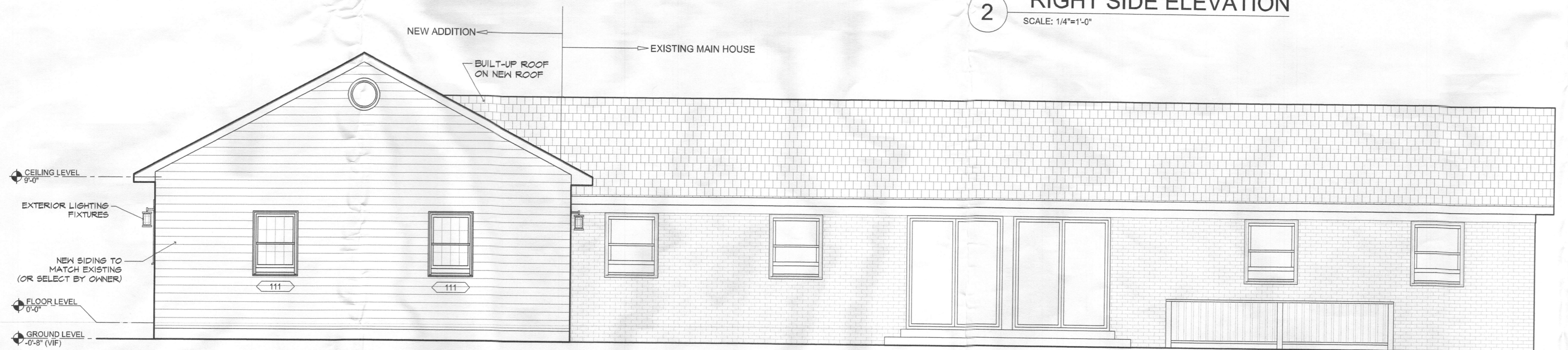
**(SOUTH)
FRONT ELEVATION**

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



**(EAST)
RIGHT SIDE ELEVATION**

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



**(NORTH)
REAR SIDE ELEVATION**

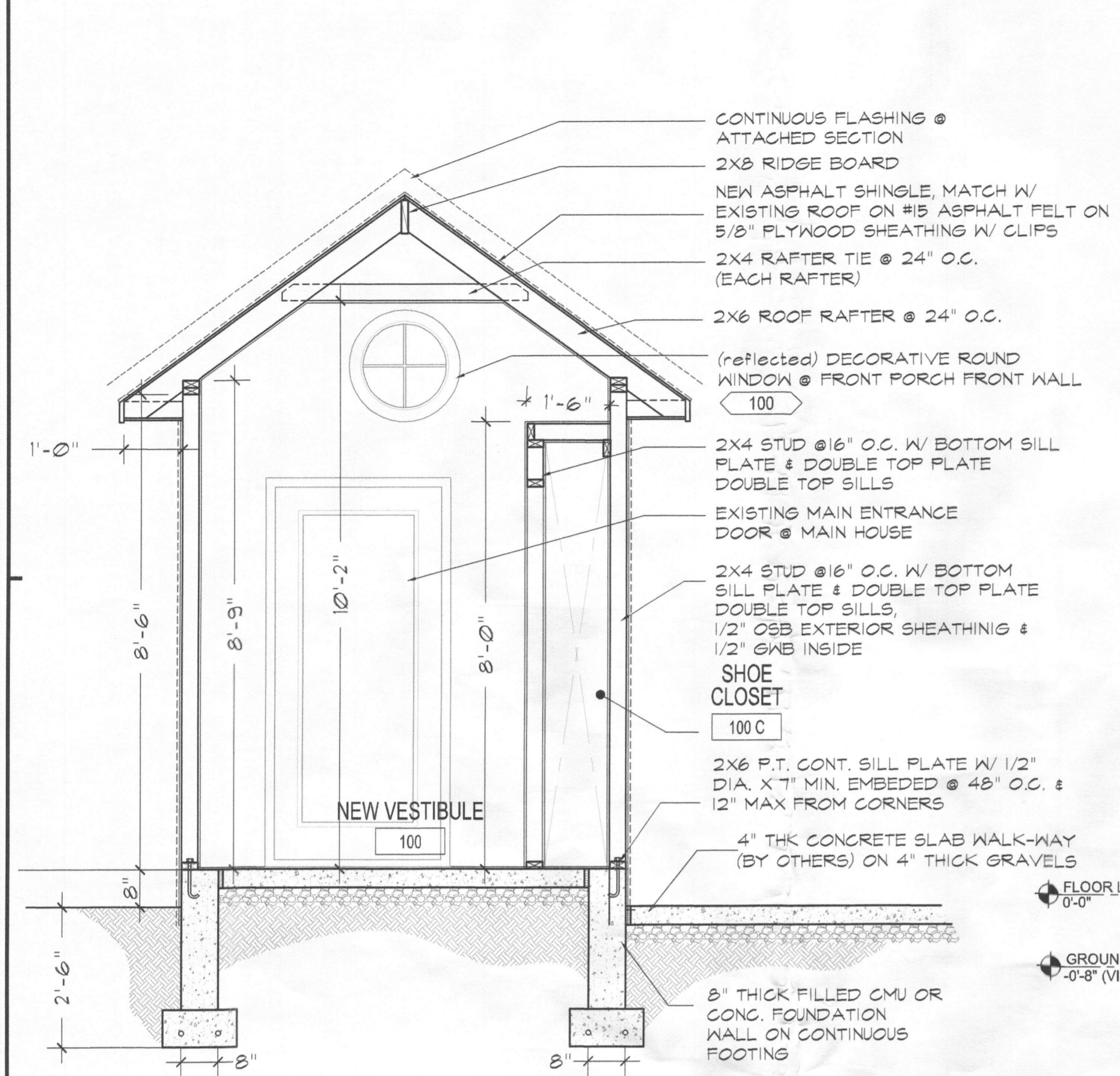
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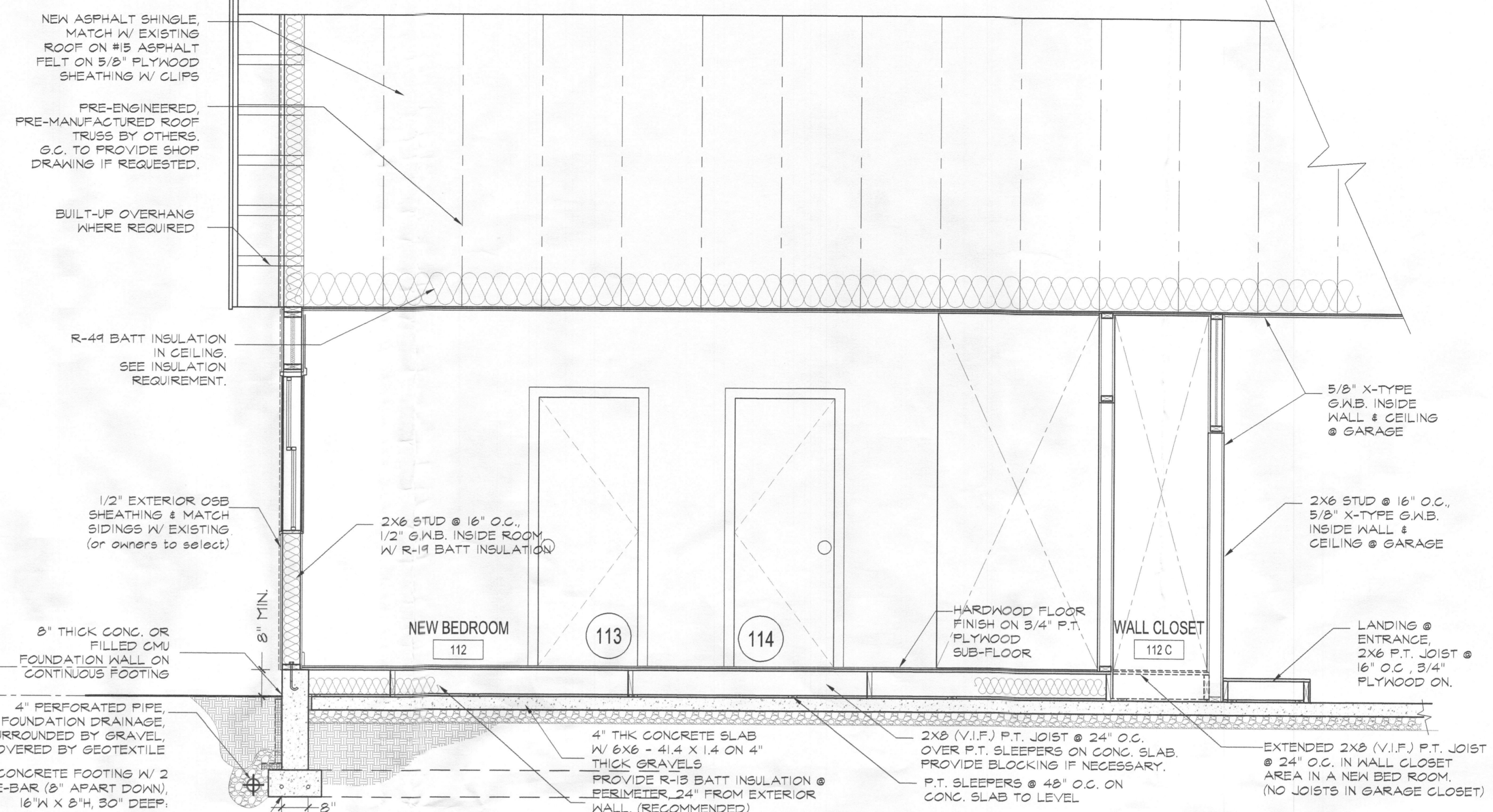
**(WEST)
LEFT SIDE ELEVATION**

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

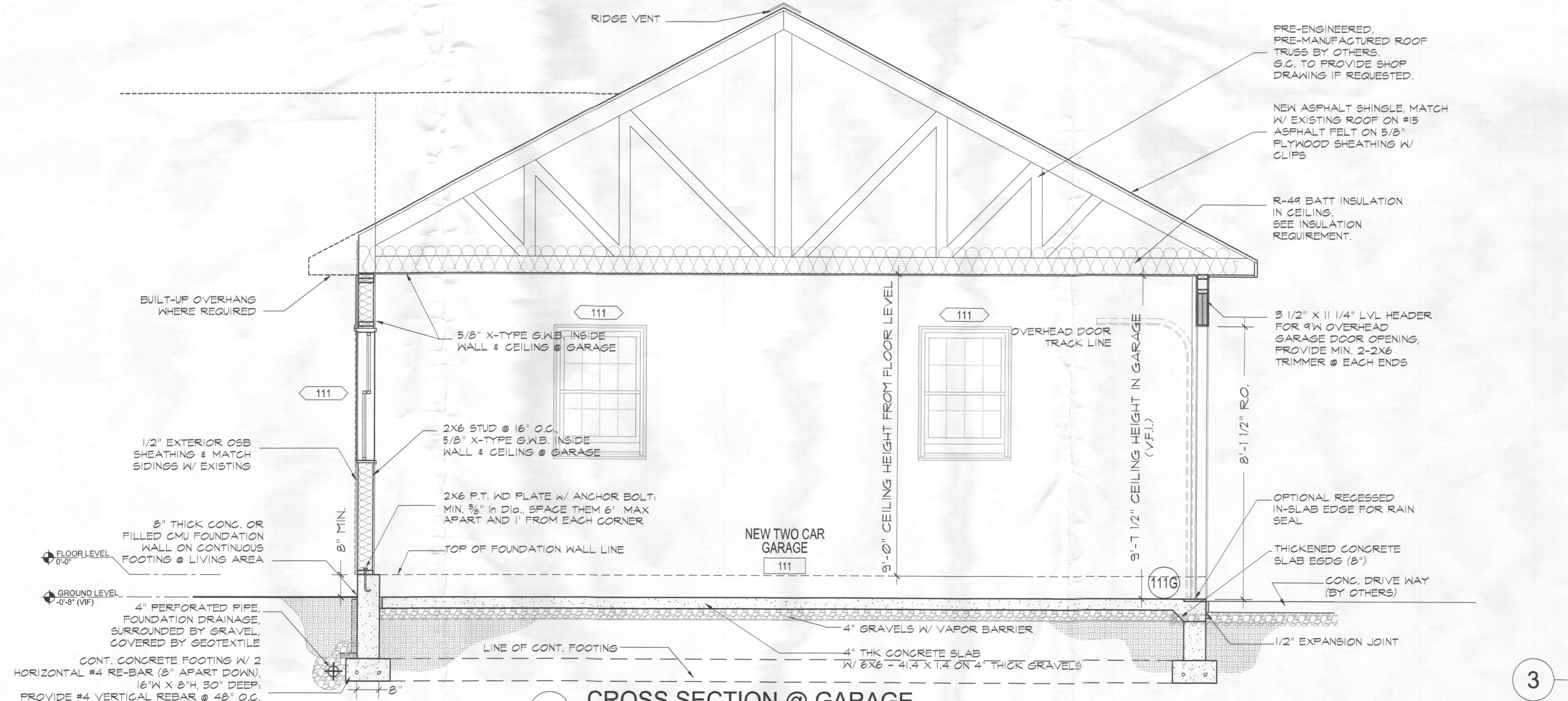
12980 Clarksville Pike
Residence Garage Addition
12980 Clarksville Pike Clarksville, MD 21029



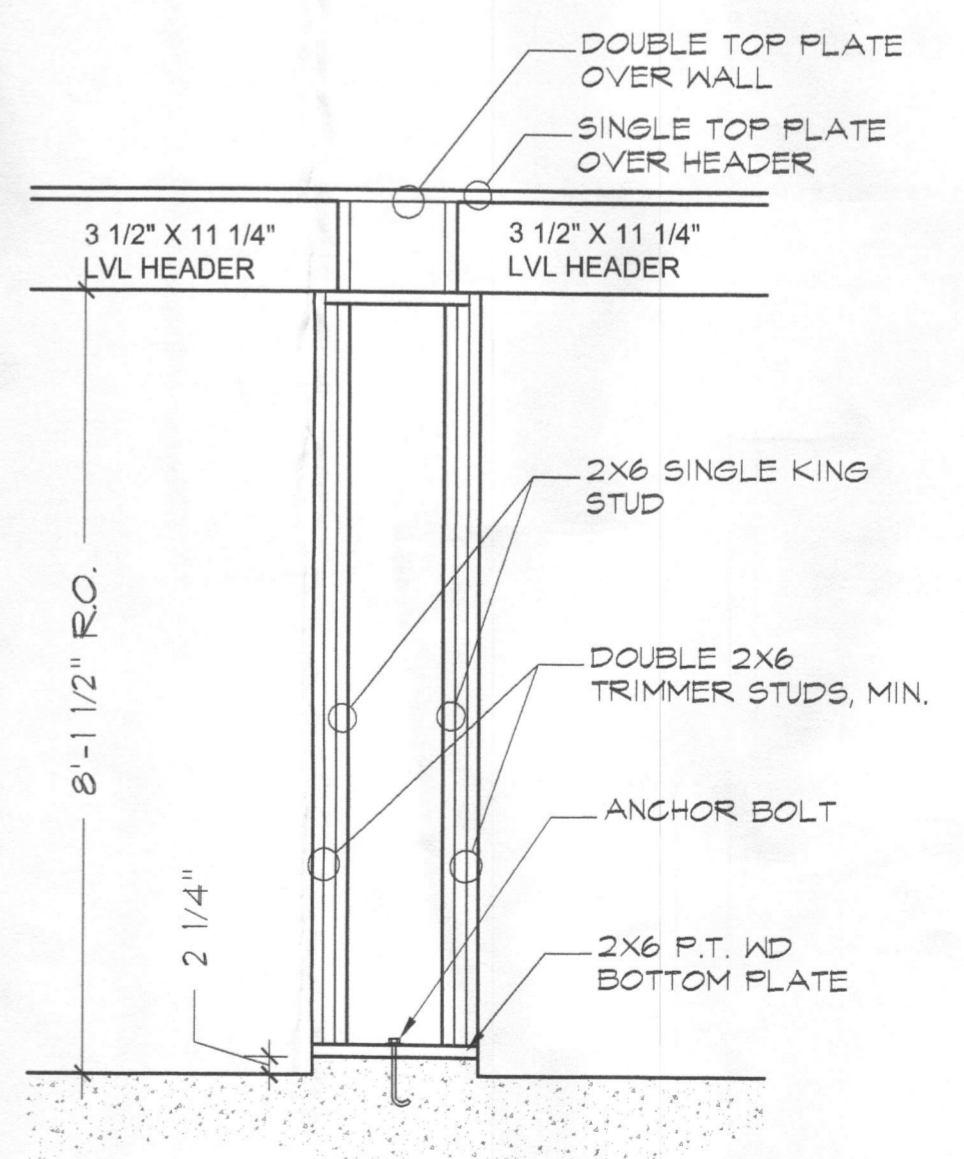
2 CROSS SECTION @ VESTIBULE
SCALE: 1/2"=1'-0"



1 LONGITUDINAL SECTION
SCALE: 1/2"=1'-0"



4 CROSS SECTION @ GARAGE
SCALE: 1/2"=1'-0"



3 GARAGE DOOR OPENING DETAIL
SCALE: 1/2"=1'-0"

OWNER
sung wook ko & hyun a. lee
12980 Clarksville Pike
Clarksville, MD 21029

CLIENT
same as owner

ISSUED DRAWING LOG

NO.	DATE	DESCRIPTION
CD	11.30.2014	PERMIT SET
NO.	DATE	DESCRIPTION

SHEET IDENTIFICATION

TITLE

SECTION DETAILS

NUMBER

A-5

LEGENDS

- FLOOR/CEILING OUTLET
- WALL OUTLETS
- RECESS LIGHT (75 watts max)
- SCONCE LIGHT (WEATHER PROOF FOR OUTDOOR) (100 watts max)
- FLUORESCENT LIGHTING FIXTURE (2-)
- SWITCH
- SMOKE DETECTOR
- JUNCTION BOX FOR CEILING FANS or CEILING FIXTURE
- FAN MOTOR
- GFI
- WEATHER PROOF, WATER PROOF
- MOTION SENSOR
- GYPSUM WALL BOARD, DRYWALL

KEY NOTES

1. NEW SUB-PANEL 'S': 40 AMP, 120V-1PH, MLO, FROM EXISTING MAIN PANEL FOR NEW ADDITION.
2. EXTERIOR LIGHTS TO ONE CIRCUIT BREAKER.
- 2.1 EXTERIOR FLOOR LIGHTS WITH MOTION DETECTOR.
3. CEILING JUNCTION BOX FOR FUTURE USE, CEILING FAN.
4. JUNCTION BOXES FOR GARAGE DOOR OPENING DEVICE.
5. EXHAUST FAN IN BATHROOM. EXHAUST DUCT SHOULD BE DIRECTLY RUN OUT.
6. GENERAL OUTLETS (DUPLICATE), 6'-0" FROM ENTRANCE AND 12'-0" MAX APART FROM EACH OTHER.
- 6.1 GFI OUTLET IN THE BATHROOM.
7. OPTIONAL GFI OUTLETS IN GARAGE.
8. GFI OUTDOOR OUTLETS WITH WEATHER PROOF BOX.
- 8.1 RELOCATED GFI.
- 9.

CONDUIT & WIRE SIZE SCHEDULE (UNLESS OTHERWISE SHOWN)

CIRCUIT BREAKER TRIP	1 OR 2 POLE		3 POLE	
	CONDUIT	WIRE	CONDUIT	WIRE
20A	1" #12	#12	1/2"	#12
30A	1" #10	#10	3/4"	#10
40A	1" #10	#8	1"	#8
50A	1" #10	#5	1"	#6
60A	1" #8	#5	1"	#6
70A	1" #8	#4	1 1/4"	#4
80A	1" #8	#4	1 1/4"	#4
100A	1" #8	#2	1 1/4"	#2

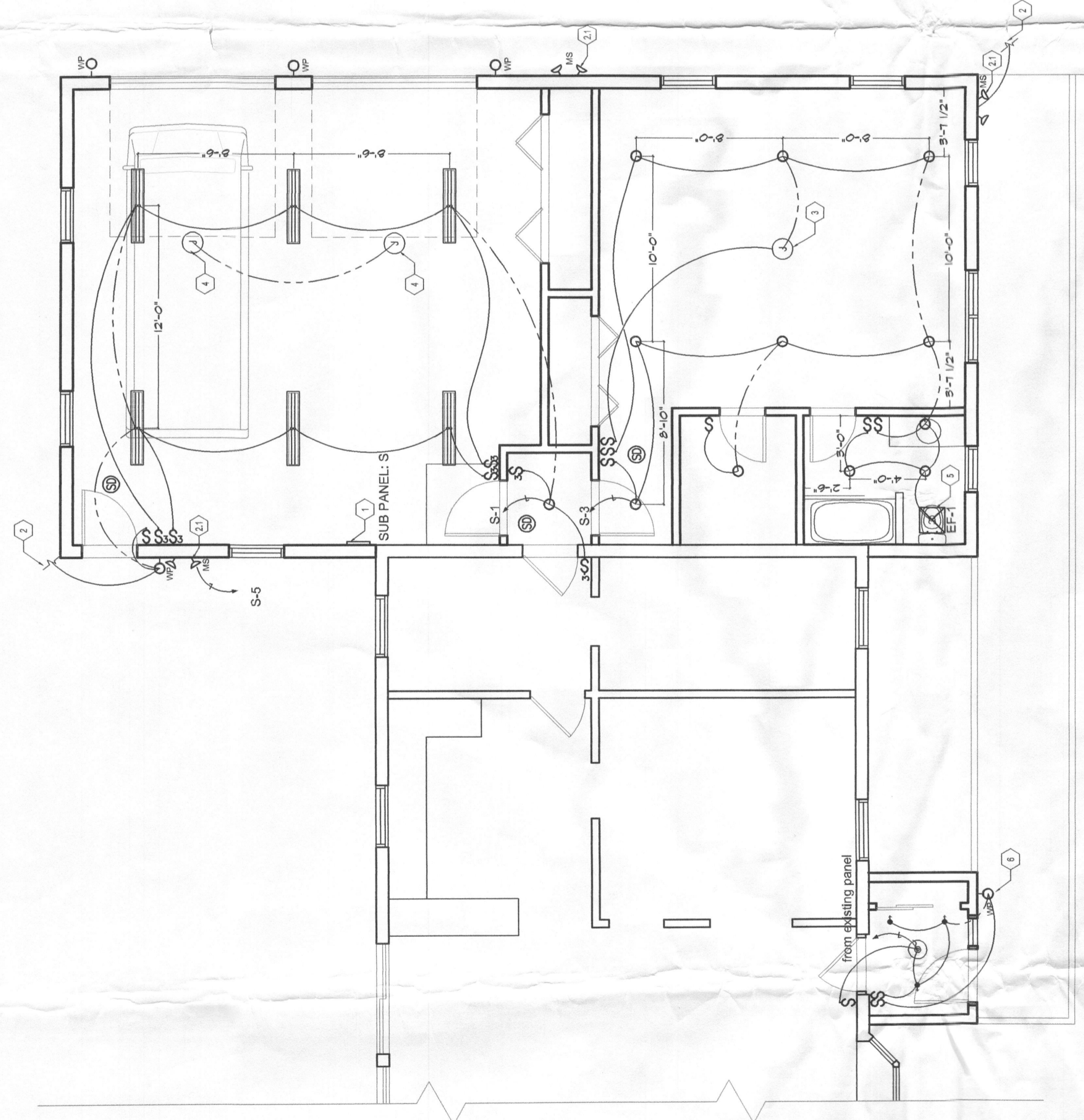
NOTE: SIZE SHOWN ON THIS TABLE ARE BASED ON CONDUIT LENGTH OF 75' FOR 120/208V CIRCUIT. IF LENGTH EXCEED 75' FOR 120/208V CIRCUIT THEN USE THE NEXT HIGHER WIRE SIZE.

EXISTING CONDITIONS NOTE

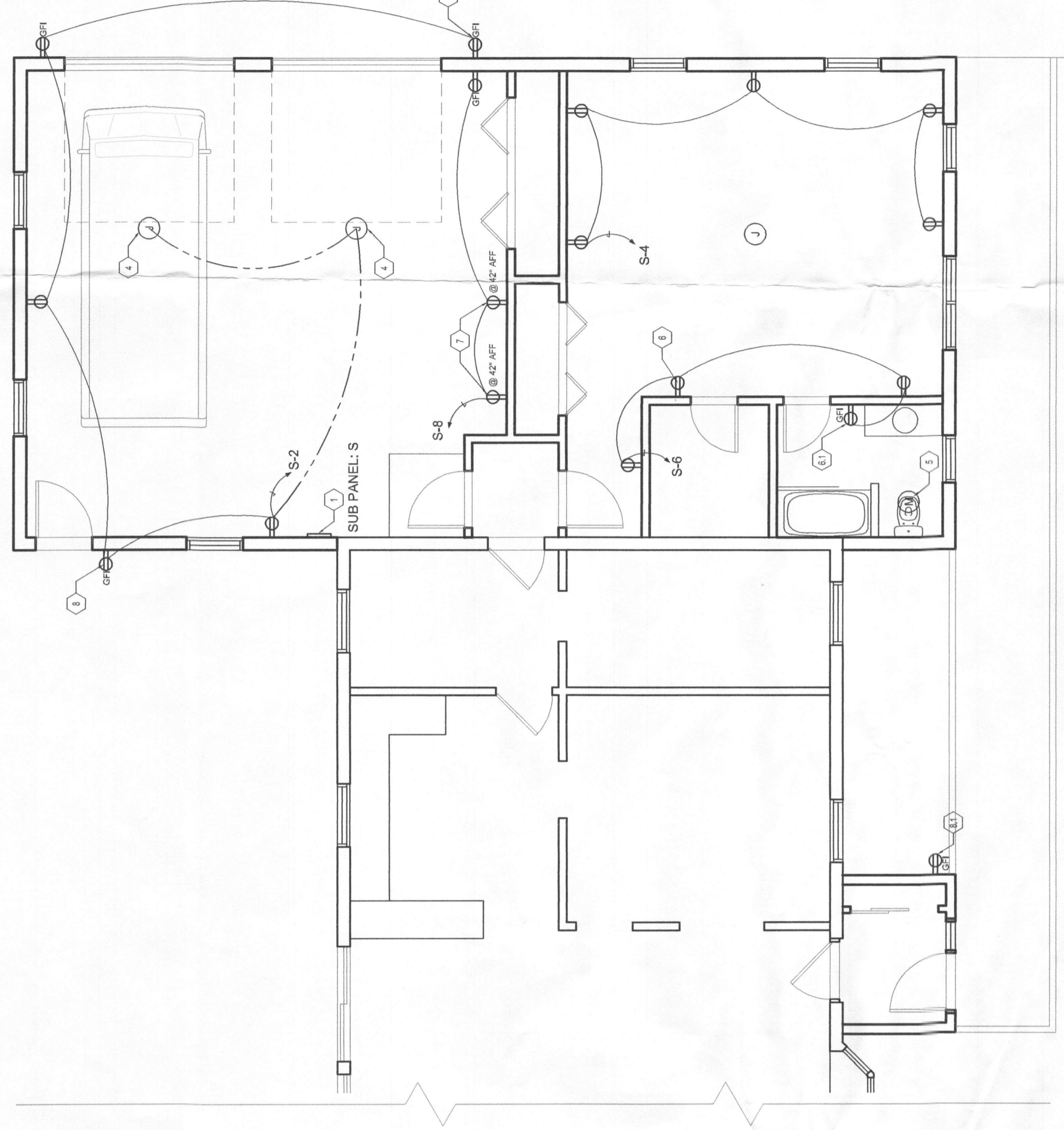
THESE DRAWINGS ARE BASED ON INFORMATION PROVIDED TO OUR OFFICE AT THE TIME OF DESIGN. THEREFORE, IT IS CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL EXISTING CONDITIONS INCLUDING BUT NOT LIMITED TO, SERVICE LOCATION, ETC., AND REPORT ANY DISCREPANCIES TO THE ARCHITECT/ENGINEER PRIOR TO BID. FAILURE TO DO SO MAY CONSTITUTE THAT THE CONTRACTOR PROVIDE ANY AND ALL ADDITIONAL EQUIPMENT, LABOR, ETC., TO MEET THE INTENDED DESIGN PARAMETERS.

SERVICE NOTE

1. CONTRACTOR SHALL FIELD VERIFY ELECTRICAL DISTRIBUTION EQUIPMENT AND WIRING SIZES AT WALKTHROUGH AND SHALL NOTIFY ENGINEER OF ANY DISCREPANCIES.
2. CONTRACTOR SHALL VERIFY EXISTING LOCATION AND THE ABILITY OF ADDING THE NEW SERVICE AS SHOWN.
3. ALL WORK ASSOCIATED WITH ELECTRICAL SERVICE SHALL BE COORDINATED WITH THE LANDLORD PRIOR TO BID TO DEFINE THE RESPONSIBILITY OF WORK REQUIRED.



2 LIGHTING LAYOUT
SCALE: 3/16"=1'-0"



1 POWER LAYOUT
SCALE: 3/16"=1'-0"

LIGHTING FIXTURE SCHEDULE

SYMBOL	DESCRIPTION	LAMP	MANUF'R	CAT. NUMBER	REMARK
	4x4 FLUORESCENT LIGHT	2-T8, 32watt	LITHONIA LIGHTING	11241DP	LIGHT CONCEPT, diamond plate linear flush mount or hung mount @ 8'-0" AFF
	CEILING RECESSED LIGHT	75W (MAX), 120V	TED		ceiling recessed light
	WALL MOUNT UTILITY LIGHT	100W (MAX), 120V	MISENO	TST0092A	wall mount exterior light @ 8'-5" AFF (or VIF), owner to select
	PENDANT LIGHTING	3-60 watts	PROGRESS	P5142-20	In a new vestibule (owner to select)
	LOW VOLTAGE RECESSED LIGHT	MR-16 (60W MAX)	LITHONIA LIGHTING		direction adjustable (optional) MR-16 recessed lighting in vestibule
	OUTDOOR FLOOD LIGHT	6 LED, 2 HEADS	LITHONIA LIGHTING	OPFLR 6 MO	LED flood light with motion sensor, 2 adjustable heads

SUB-PANEL SCHEDULE & LOAD CALCULATION

SUB-PANEL 'S' SCHEDULE: 120V-1PH-3W, 40 AMP

1	lights in garage	480 watts	2	outlets @ garage	1260 watts
3	lights in bedroom	1000 watts	4	outlets in bedroom	900 watts
5	exterior lights	940 watts	6	outlets in bed/bathroom	900 watts
7	spare		8	outlets @ work station	540 watts

SUB-PANEL 'S' SCHEDULE: 120V-1PH-3W, 40 AMP

GENERAL LIGHTS: 2400 watts @ 125% = 3000 watts
GENERAL OUTLETS: 3000 watts @ 100% = 3600 watts

TOTAL DEMAND LOAD: 31.7 AMPS

SPACE ON PAPER
architecture, interior & graphics
2508 Hudson St.
Baltimore, MD 21224
Architectural Designer:
James Park
C: 703.473.9808
james@spaceonpaper.com

PROJECT
PROJECT NUMBER:
141139_MD_KCH

12980 Clarksville Pike Residence Garage Addition

12980 Clarksville Pike Clarksville, MD 21029

OWNER
sung wook ko & hyun a. lee
12980 Clarksville Pike
Clarksville, MD 21029

CLIENT
same as owner

ISSUED DRAWING LOG

NO. DATE DESCRIPTION
CD 11.30.2014 PERMIT SET

SHEET IDENTIFICATION

TITLE

PROPOSED ELECTRICAL LAYOUT

NUMBER

E-1

© 2009 SOP

Not this property - Not 12980 Send to Health

Recorded

APPLICATION

A 15518

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 9/16/70

*Septic Tank - 1200 gal.
Dry Well - 400 gal. at least 2' above all pipes below inlet pipe
Inlet pipe 4" minimum avg. grade. Max depth permitted for septic 12 ft
below avg. g. rad.
Place dry well 12 ft in front of entry house.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Anne Greenbank ^c Berloy

Any questions call
Mr. Bohrendt 774-7540

ADDRESS Route 108, Highland, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 108 - across from Hall Shop Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres TYPE BLDG. Existing house
NUMBER OF BEDROOMS 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT *Ashton Realty Co. Representative agent*

APPROVED BY *[Signature]* FOR *[Signature]* DATE 9-23-70

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT