

File

Walk thru

DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS
 1400 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21040
 PHONE: (410) 313-2422 EXTENSIONS: (410) 313-1190
 ALTERNATE INFORMATION: (410) 313-3880

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B07003988

Building Address: 12050 HALL SHOP RD
CLARKSVILLE, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning RA Map Coordinates _____ Lot size 3.72

Property Owner's Name: Michael Wise

Address: 12050 HALL SHOP RD

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 410-977-9414 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use: Garage (SFD)

Proposed Use: Storage

Estimated Construction Cost: \$ 26,000.00

Description of Work: Put up 8 foot fence
Build 6'x30 Garage

Contractor Company: CB Structures INC

Contact Person: Miki Boyer

Address: 344 E. Main ST

City: Leola State: PA Zip Code: 17540

License No. MHC # 89752

Phone: 1-877-756-0722 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Basement: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: <u>6'x8'30'x14'</u> Footings: _____ Roof Height: <u>14'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input 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 THEREIN; (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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Michael Wise

Print Name: Michael Wise

Date: 9/29/07

Title/Company: _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 " PLEASE WRITE NEATLY AND LEGIBLY "

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEPT. RETRACK INFORMATION	PROPERTY INFO
Land Development, DEZ			Permit Fee	\$ _____
Public Works			Permit Fee	\$ _____
Building Official			Excess Fee	\$ _____
Dist. Engineering, DEZ			Admin. Fee	\$ _____
Health	<u>9/29/07</u>	<u>[Signature]</u>	TOTAL FEES	\$ _____
Fire Department			Sub-total paid	\$ _____
Is Wetland Control approval required prior to issuance?			Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Check	\$ _____
Is Estimated Permit required?			Interest	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				
Is Estimated Permit required?				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION STAKE <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies	Working Building Official	Client LDD, DEZ	Permit Holder	Grant: DEZ
1 - [Signature]				

Geo WISE

JOSEPH MYERS

JAMES R WISE - 3/2 ACRES

APPROVED

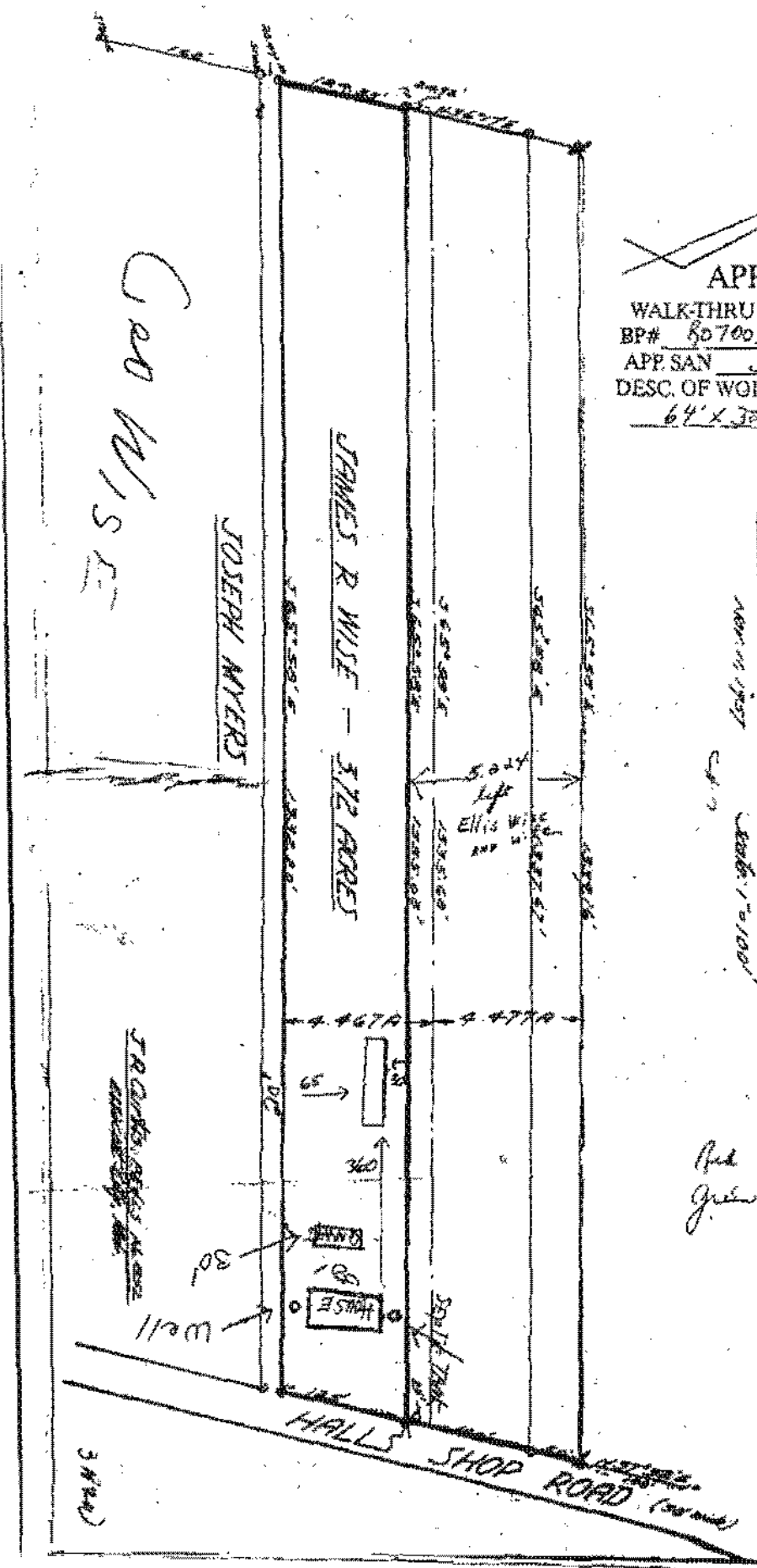
WALK-THRU BUILDING PERMIT

BP# 807003900 A#

APP. SAN SFO DATE: 9/20/67

DESC. OF WORK: Fence
6' x 30' linkage

Plan of a subdivision of a property of
NELSON E JONES -
with electric, drainage, sewer and water
lines in 1967



Acres 3.72 acres
Gross 5.224 "

4.944

original tract	
4.467	2.944
4.477	- 3.72
8.944	5.224
	1/4

11/7/07

Avis L Corbin

I'm writing this letter to revise my permit
B07003988 to build a detached garage
on my property 12050 Hall Shop Rd CLARKSVILLE
MD 21029 TAX MAP 41 Parcel 258 The same
size as the one that I currently have which is
30x40 on the grounds that I will demo
the current Detached garage with in one year

cc: zoning
~~1/15/07~~

Michael Wain

11/15/07 OK 

November 7, 2007

Michael Wise
12050 Hall Shop Road
Clarksville, MD 21029-1513
410-977-9414 (C)

To: George Beisser

Re: Request to build an additional detached garage

Location: 12050 Hall Shop Road, Howard County Tax Map 41, Parcel 258:

Issue: On Oct 4, 2007, I submitted a request for a permit to build a detached garage on the above stated property. Prior to the request, I had spoken to a representative at the planning and zoning commission to see what steps must be taken in regards to the changes I was planning to make on my property. The representative told me that the maximum restriction for building an additional structure is 2,200 square foot.

I submitted a proposal to build a 1,950 square feet garage but the proposal was rejected due to the size of the structure. Tamara Frank sent me a letter stating that an additional structure being built on my property could not exceed the current size of my house. This important information was not stated when I spoke to the representative at the planning and zoning commission.

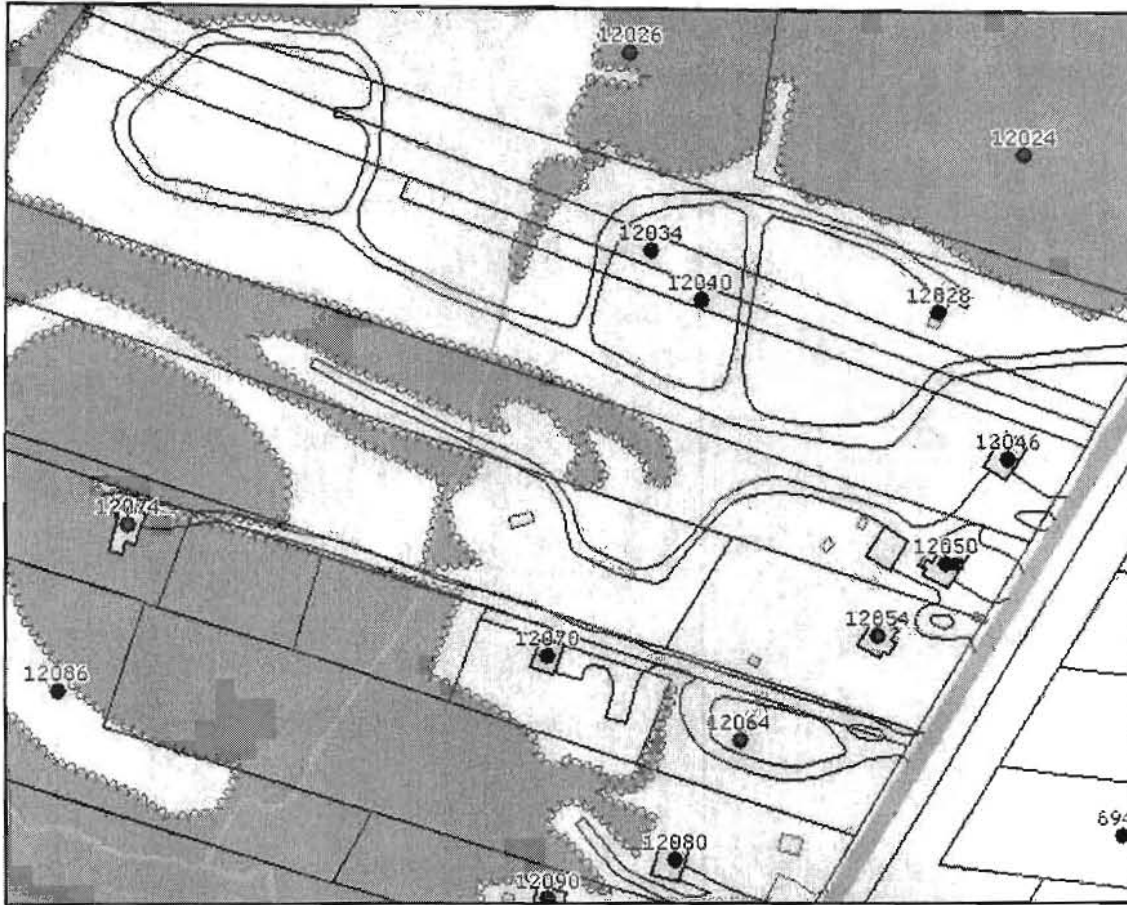
I currently have a detached garage that is 1,200 square feet. I would like to build a new garage with the same square footage to replace the existing garage. The new garage will be built on my land but it will not be built over my current garage. I plan to deconstruct my old garage within 12 calendar months of the new garage being built.

I have spent a considerable amount of time and money in order to get this project started. Please let me know what steps I must take in order to stay compliant with the planning and zoning regulations. I appreciate your consideration and look forward to hearing from you. Please feel free to contact me if you have any further questions or concerns.

Sincerely,


Michael Wise


Date





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: B17004051

SHOP

Building Address: 12050 Hall ~~Circle~~ Rd
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Clarksville
Section: _____ Area: _____ Lot: 2
Tax Map: 41 Parcel: 258B Grid: 1
Zoning: _____ Map Coordinates: _____ Lot Size: 3.72(A)

Property Owner's Name: Michael Wise
Address: 12050 Hall Shop Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 410-579-1604 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Michelle Clancy
Address: Po Box 310
City: Perry Hall State: MD Zip Code: 21125
Phone: 410-610-7514 Fax: _____
Email: Michelle@AppliedAndApproved.com

Contractor Company: HJ Poist Co
Contact Person: Muhammad Underwood
Address: 360 Main St
City: Laurel State: MD Zip Code: 20707
License No.: 60029
Phone: 301-725-2232 Fax: _____
Email: _____

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

Existing Use: SFD
Proposed Use: SFD w/ propane Tank
Estimated Construction Cost: \$ 6000
Description of Work:
Install 500 gallon underground propane Tank
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: Owner
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:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	
Roadside Tree Project Permit		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Roadside Tree Project Permit #		

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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:	

RECEIVED
NOV 13 2017
LICENSES & PERMITS
DIVISION

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.

Michelle Clancy
Applicant's Signature
Michelle@AppliedAndApproved.com
Email Address
permits
Title/Company

Michelle Clancy
Print Name
11/9/17
Date

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	<u>11/24/17</u>	<u>[Signature]</u>

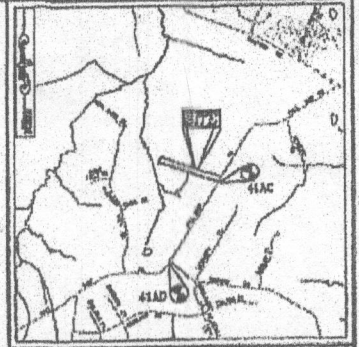
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>6161</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

SWM PRACTICE CHART
 ESD PRACTICES USED FOR 12050 HALL SHOP ROAD
 (1) DRY WELLS (W-1) AND A DRAIN SWALE (W-2) FOR THE DRIVEWAY

BENCHMARKS
 HOWARD COUNTY BENCHMARK #1AC (CONC. MON.)
 N 531085.54 E 1331899.58 ELEV. 488.42
 HALL SHOP ROAD
 HOWARD COUNTY BENCHMARK #1AD (CONC. MON.)
 N 550239.06 E 1330674.23 ELEV. 484.87
 CORNER HALL SHOP ROAD AND STUFFEY ROAD



VICINITY MAP
 SCALE: 1"=2000'
 ADC MAP: PAGE 31 BLOCK: E3

LEGEND:

	PROPERTY LINE
	ADJACENT PROPERTY LINE
	EXISTING EASEMENT
	EXISTING 10' SETBACK
	EXISTING 2' CONTOUR
	SOILS
	EXISTING UTILITY
	EXISTING WELL
	PROPOSED 10' CONTOUR
	PROPOSED SPOT ELEVATION
	EXISTING STEEP SLOPES (2% SLOPES OR GREATER)
	EXISTING MODERATE SLOPES (1% TO 2% SLOPES)
	AREA OF DISTURBANCE TO DRIVELLS (W-1)
	AREA OF DISTURBANCE TO DRAIN SWALE (W-2)
	LIMIT OF DISTURBANCE

- GENERAL NOTES**
- EXISTING TYPICAL SW-100
 - SITE ANALYSIS DATA:
 - TOTAL AREA OF SITE: 3.76 AC.
 - EXISTING IMPERVIOUS AREA: 1.25 AC.
 - EXISTING GREEN AREA: 2.10 AC.
 - EXISTING FORESTED AREA: 0.41 AC.
 - EXISTING SITE USE: RESIDENTIAL
 - AREA OF PLAN SUBMISSION: 3.76 AC.
 - LIMIT OF DISTURBANCE: 1.02 AC.
 - PROPOSED IMPERVIOUS AREA (WITHIN LOD): 0.15 AC.
 - REVEGETATED AREA (WITHIN LOD): 0.88 AC.
 - PROPOSED SITE USE: SUI RESIDENTIAL
- APPROVAL OF THIS SHAPED LCP DOES NOT CONSTITUTE AN APPROVAL OF ANY SUBSEQUENT AND ASSOCIATED SUBSEQUENT SITE DEVELOPMENT PLAN AND/OR PERMITS.
- NO WETLANDS, SWAMP, FLOODPLAIN, FOREST, STEEP SLOPES OR ASSOCIATED HAZARDOUS CONDITIONS WHICH MAY AFFECT THE CONSTRUCTION OF THE PROPOSED DRAINAGE ON THIS LOT.
- THIS LOT IS EXEMPT FROM THE REQUIREMENTS FOR FOREST CONSERVATION IN ACCORDANCE WITH SECTION 16.1202 B.1.M OF THE HOWARD COUNTY CODE FOR FOREST CONSERVATION WITH FILING OF A DECLARATION OF WORTH WITH THE DRAINAGE BUILDING PERMIT.
- EROSION AND SEDIMENT CONTROL TO BE PROVIDED FOR THIS PROJECT IN ACCORDANCE WITH ASSOCIATED GRADING PLAN.
- STORMWATER MANAGEMENT FOR THIS PROJECT IS PROVIDED WITH THE APPROVAL OF THE SHAPED ENVIRONMENTAL CONCEPT PLAN.
- BOUNDARY BY DIMENSION AND PROPERTY AREA SHOWN HEREON IS BASED UPON A 1/4" PLAN BOUNDARY SURVEY PREPARED BY AGENT H. VOGEL ENGINEERING, INC. DATED DECEMBER 2016.

OWNER/BUILDER
 ELEANOR L. WISE
 MICHAEL L. WISE
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 (410) 977-8414

NO.	REVISION	DATE

SIMPLIFIED ENVIRONMENTAL CONCEPT PLAN

WISE PROPERTY
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 BUILDING PERMIT # _____

HOWARD COUNTY DISTRICT 13A MAP 41 GRID 01

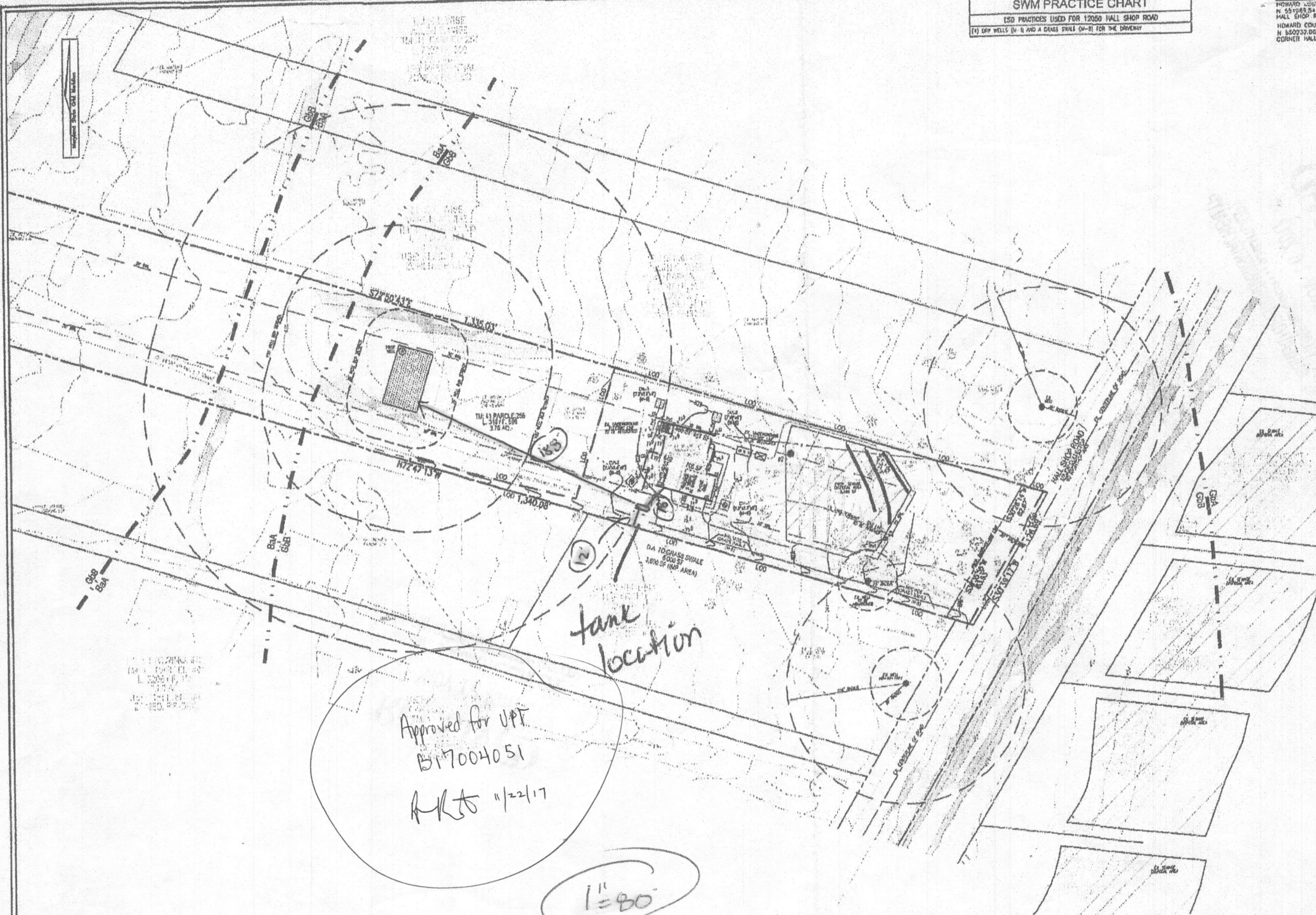
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET, CLARKSVILLE, MD 21043
 TEL: 410-361-7688 FAX: 410-361-0991

PROFESSIONAL CERTIFICATE

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR SUPERVISED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND LICENSE NO. 11193 EXPIRES 06/30/2018

DESIGN BY: _____ REV. _____
 DRAWN BY: _____ REV. _____
 CHECKED BY: _____ REV. _____
 DATE: MARCH 2017
 SCALE: AS SHOWN
 W.D. NO.: 14-05

1 SHEET OF 2



PLAN VIEW
 SCALE: 1"=40'
 SCALE: 1"=40'

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	GROUP	PERCENT SAND	PERCENT SILT	PERCENT CLAY	ERODIBLE
BBA	BARE SOIL LOW, 0 TO 3 PERCENT SLOPES	C/D	37	38	25	YES
CB	CLAYEY SAND LOW, 0 TO 3 PERCENT SLOPES	A	78	18	4	NO
CBH	CLAYEY SAND HIGH, 3 TO 8 PERCENT SLOPES	A	78	18	4	NO

SOILS INFORMATION FROM USDA WEB SOIL SURVEY REPORT - HOWARD COUNTY SOILS MAP NUMBER 73 - CLARKSVILLE SE

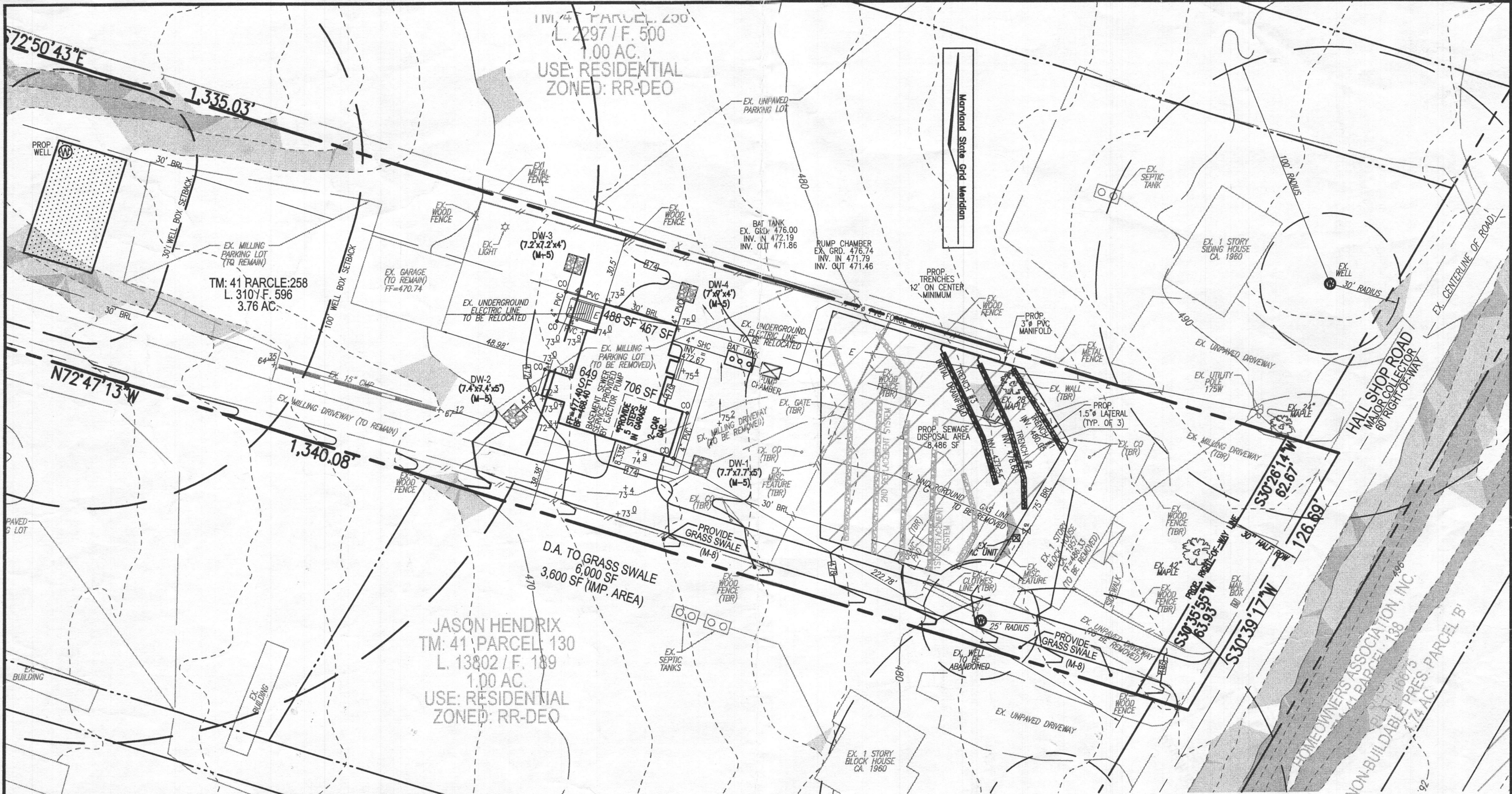
NOTE: MORE ERODIBLE SOILS ARE THOSE SOILS WITH A GROUP LETTER GREATER THAN A, AND A CLAY GREATER THAN 4 PERCENT.

GREATER THAN 15 PERCENT SILT OR MORE AND WITH CLAY GREATER THAN 4 PERCENT

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

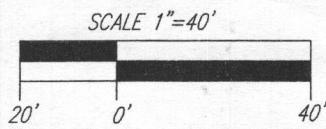
 CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE _____

 CHIEF, DIVISION OF LAND DEVELOPMENT DATE _____



SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MARCH 2017
 PROJECT #: 14-65
 SHEET #: 1 OF 2

PLOT PLAN
WISE PROPERTY
12050 HALL SHOP ROAD
CLARKSVILLE, MD 21029
REF: GP-17-006
 PARCEL: 258
 TAX MAP: 41 BLOCK: 1
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

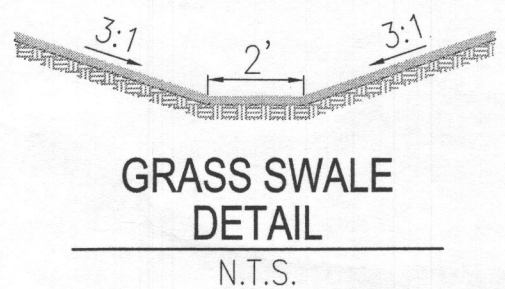
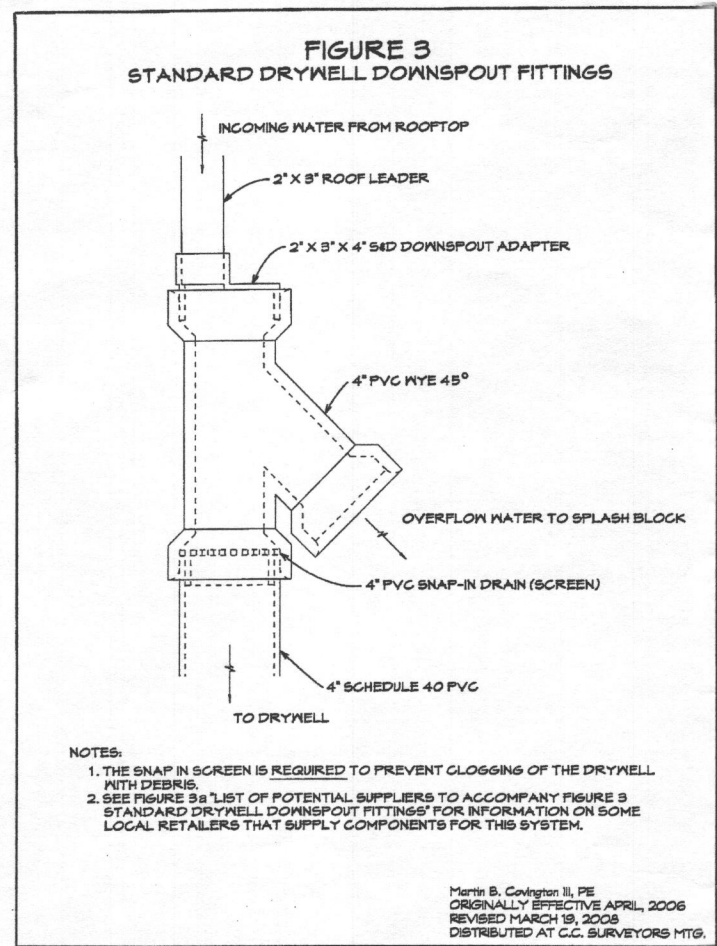
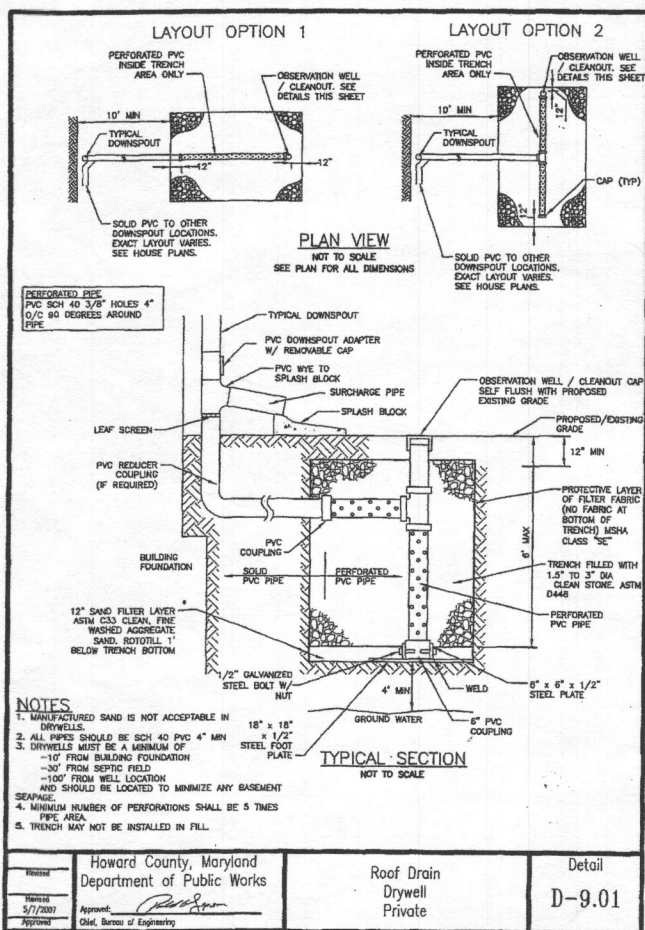


PLOT PLAN
 SCALE: 1"=40'

ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7656
 FAX: 410.461.8961

ADDRESS
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 GP: 17-006

OWNER/BUILDER
 ELEANOR L. WISE
 MICHAEL L. WISE
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 (410) 977-9414

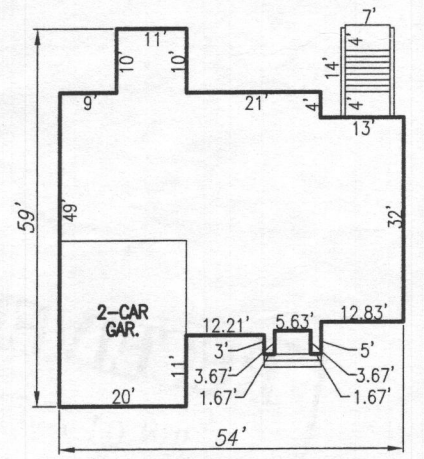


OPERATION AND MAINTENANCE SCHEDULE FOR SWALE (M-8)

- A. THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOLUME II, TABLE A.4.1 AND 2.
- B. THE OWNER SHALL PERFORM A PLANT INSPECTION IN THE SPRING AND IN THE FALL OF EACH YEAR. DURING THE INSPECTION, THE OWNER SHALL REMOVE DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, REPLACE DEAD PLANT MATERIAL WITH ACCEPTABLE REPLACEMENT PLANT MATERIAL, TREAT DISEASED TREES AND SHRUBS, AND REPLACE ALL DEFICIENT STAKES AND WIRES.
- C. THE OWNER SHALL INSPECT THE MULCH EACH SPRING. THE MULCH SHALL BE REPLACED EVERY TWO OR THREE YEARS. THE PREVIOUS MULCH LAYER SHALL BE REMOVED BEFORE THE NEW LAYER IS APPLIED.
- D. THE OWNER SHALL CORRECT SOIL EROSION ON AN AS NEEDED BASIS, WITH A MINIMUM OF ONCE PER MONTH AND AFTER EACH HEAVY STORM.

OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED STORMWATER DRY WELLS (M-5)

- 1. THE MONITORING WELLS AND STRUCTURES SHALL BE INSPECTED ON A QUARTERLY BASIS AND AFTER EVERY LARGE STORM EVENT.
- 2. WATER LEVELS AND SEDIMENT BUILD UP IN THE MONITORING WELLS SHALL BE RECORDED OVER A PERIOD OF SEVERAL DAYS TO INSURE TRENCH DRAINAGE.
- 3. A LOG BOOK SHALL BE MAINTAINED TO DETERMINE THE RATE AT WHICH THE FACILITY DRAINS.
- 4. WHEN THE FACILITY BECOMES CLOGGED SO THAT IT DOES NOT DRAIN DOWN WITHIN THE 72 HOUR TIME PERIOD, CORRECTIVE ACTION SHALL BE TAKEN.
- 5. THE MAINTENANCE LOG BOOK SHALL BE AVAILABLE TO HOWARD COUNTY FOR INSPECTION TO INSURE COMPLIANCE WITH OPERATION AND MAINTENANCE CRITERIA.
- 6. ONCE THE PERFORMANCE CHARACTERISTICS OF THE INFILTRATION FACILITY HAVE BEEN VERIFIED, THE MONITORING SCHEDULE CAN BE REDUCED TO AN ANNUAL BASIS UNLESS THE PERFORMANCE DATA INDICATES THAT A MORE FREQUENT SCHEDULE IS REQUIRED.



WISE RESIDENCE
W/ CULTURED STONE AND SIDING VENEER
SCALE: 1"=30'

SCALE: AS SHOWN
DRAWN BY: JMR
CHECKED BY: RHV
DATE: MARCH 2017
PROJECT #: 14-65
SHEET#: 2 OF 2

PLOT PLAN
WISE PROPERTY
12050 HALL SHOP ROAD
CLARKSVILLE, MD 21029
REF: GP-17-006
PARCEL: 258
TAX MAP: 41 BLOCK: 1
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
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FAX: 410.461.8961

ADDRESS
12050 HALL SHOP ROAD
CLARKSVILLE, MD 21029
GP: 17-006

OWNER/BUILDER
ELEANOR L. WISE
MICHAEL L. WISE
12050 HALL SHOP ROAD
CLARKSVILLE, MD 21029
(410) 977-9414

K:\Projects\14-65\ENGR\dwg\Plot Plan\Plot Plan.dwg, 3/22/2017 10:01:32 AM



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.: B17002057

Building Address: 12050 Hull Shop Rd
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 41 Parcel: 258 Grid: 01
 Zoning: RR DEO Map Coordinates: _____ Lot Size: 3.22 AC
 Existing Use: SFH
 Proposed Use: NEW SFH
 Estimated Construction Cost: \$ 214,480
 Description of Work: 2 story, 2 car garage, 4 BR, 3 Full Bath, 1 Half Bath, Build New Home - Remain Existing Home.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MIKE & ANNI WISE
 Address: 12050 Hull Shop Rd
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410 977 9414 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Joseph Matta
 Address: 3009 Bodines Ln
 City: Clarksville State: MD Zip Code: 21042
 Phone: 410 977 1342 Fax: _____
 Email: Jmatta@construction-services.net
 Contractor Company: MCS LLC
 Contact Person: Joseph Matta
 Address: 3009 Bodines Ln
 City: Clarksville State: MD Zip Code: 21042
 License No.: 7737
 Phone: 410 477 1342 Fax: _____
 Email: Jmatta@construction-services.net
 Engineer/Architect Company: Wegel Engineering
 Responsible Design Prof.: Ron Johnson ASCE
 Address: Barley Field Way
 City: Murksville State: MD Zip Code: _____
 Phone: 410 478 3667 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: <u>54'</u>	<u>54'</u>
	2 nd floor: <u>51'</u>	<u>54'</u>
Area of construction (sq. ft.): _____	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group: _____	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>570000148</u>	
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: Joseph Matta
 Email Address: Jmatta@construction-services.net
 Title/Company: MCS LLC

Print Name: Joseph Matta
 Date: 5-22-17

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	<u>6/21/17</u>	<u>H. Dewald</u>

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

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

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, June 08, 2017 3:28 PM
To: 'JMATTA@CONSTRUCTIONSERVICES.NET'
Subject: B17002057_12050 Hall Shop Road
Attachments: Section 3.801 Bedroom Definition.pdf

Hello Mr. Matta:

The building permit for 12050 Hall Shop Road has been reviewed with the following comment:

- 1.) The floor plans show 5 bedrooms. The bedroom count includes the Library on the first floor. The previously approved septic plan has been sized for 4 bedrooms. If the homeowners wish to keep the floor plan, the septic plan will need to be revised to account for the 5th bedroom. Alternatively, if one of the rooms like the library is converted into a non-bedroom (i.e. permanently remove the doors to the library and case the opening 4 feet) then it would no longer be considered a bedroom by definition. I've attached a copy of the bedroom definition for your review. Should you have any questions, please don't hesitate to ask.

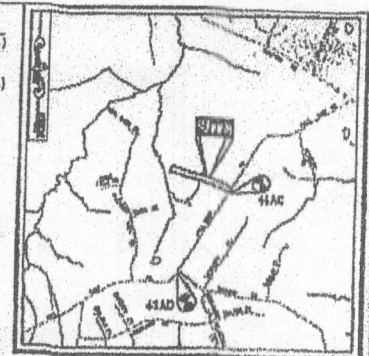
Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

SWM PRACTICE CHART
 ESD PRACTICES USED FOR 12050 HALL SHOP ROAD
 (1) SWP WELLS (W-1) AND A GRAZE SWALE (G-1) FOR THE DRAINWAY

BENCHMARKS
 HOWARD COUNTY BENCHMARK 4142 (CONC. MON.)
 N 851089.54 E 1331899.38 ELEV. 488.42
 HALL SHOP ROAD
 HOWARD COUNTY BENCHMARK 4143 (CONC. MON.)
 N 850229.08 E 1330874.23 ELEV. 494.87
 CORNELL HALL SHOP ROAD AND SIMPSON ROAD



VICINITY MAP
 SCALE: 1"=2000'
 AOC MAP# PAGE: 31 BLOCK: 13

LEGEND:

	PROPERTY LINE
	RIGHT-OF-WAY LINE
	ADJACENT PROPERTY LINE
	EXISTING CLEARCUT
	EXISTING 10' CONTOUR
	EXISTING 2' CONTOUR
	SOILS
	EXISTING PIPELINE
	EXISTING WELL
	PROPOSED 10' CONTOUR
	PROPOSED 2' CONTOUR
	PROPOSED SPOT ELEVATION
	EXISTING STEEP SLOPES (7% SLOPES OR GREATER)
	EXISTING MODERATE SLOPES (1% TO 7% SLOPES)
	AREA OF IMPACT FROM PROPOSED 10' CONTOUR TO SWP WELLS (W-1)
	AREA OF IMPACT FROM PROPOSED 2' CONTOUR TO GRAZE SWALE (G-1)
	LIMIT OF DISTURBANCE

- GENERAL NOTES**
- EXISTING TOPOG. 10'-00'
 - SITE VISUALS DATA
 - TOTAL AREA OF SITE: 376 AC.
 - EXISTING IMPERVIOUS AREA: 1.25 AC.
 - EXISTING GREEN AREA: 7.10 AC.
 - EXISTING FORESTED AREA: 0.41 AC.
 - EXISTING SITE USE: RESIDENTIAL
 - AREA OF PLAN SUBMISSION: 376 AC.
 - LIMIT OF DISTURBANCE: 1.02 AC.
 - PROPOSED IMPERVIOUS AREA (PIMP): 1007.016 AC.
 - PROPOSED AREA (PAREA): 1007.016 AC.
 - PROPOSED SITE USE: 50% RESIDENTIAL
- APPROVAL OF THIS UNPAID ECP DOES NOT CONSTITUTE AN APPROVAL OF ANY SUBSEQUENT AND ASSOCIATED SUBMISSION, SITE DEVELOPMENT PLAN AND/OR PERMITS.
- NO WETLANDS, STREAMS, FLOODPLAIN, FOREST, STEEP SLOPES OR ASSOCIATED HAZARDOUS CONDITIONS WHICH MAY AFFECT THE CONSTRUCTION OF THE PROPOSED DEVELOPMENT ON THIS LOT.
- THIS LOT IS EXEMPT FROM THE REQUIREMENTS FOR FOREST CONSERVATION BY ACCORDANCE WITH SECTION 14.1202(a)(4) OF THE HOWARD COUNTY CODE FOR FOREST CONSERVATION WITH THE FILING OF A DECLARATION OF INTENT WITH THE COUNTY PLANNING DEPT.
- EROSION AND SEDIMENT CONTROL TO BE PROVIDED FOR THIS PROJECT IN ACCORDANCE WITH ASSOCIATED EROSION PLAN.
- STORMWATER MANAGEMENT FOR THIS PROJECT IS PROVIDED WITH THE APPROVAL OF THE SUBMITTED ENVIRONMENTAL CONCEPT PLAN.
- PROPERTY INFORMATION AND PROPERTY AREA (SQUARE FEET) IS BASED UPON A [1/10] AUM BENCHMARK SURVEY PREPARED BY ROBERT H. VOGEL ENGINEERING, INC., DATED DECEMBER 2016.

OWNER/BUILDER
 ELEANOR L. WISE
 MICHAEL L. WISE
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 (410) 977-9414

NO.	REVISION	DATE

SIMPLIFIED ENVIRONMENTAL CONCEPT PLAN
WISE PROPERTY
 12050 HALL SHOP ROAD
 CLARKSVILLE, MD 21029
 BUILDING PERMIT # _____

SEN ELECTION DISTRICT NO. 11 SUB-D 01 PAVED. 44-020 PARCEL 258 HOWARD COUNTY, MARYLAND

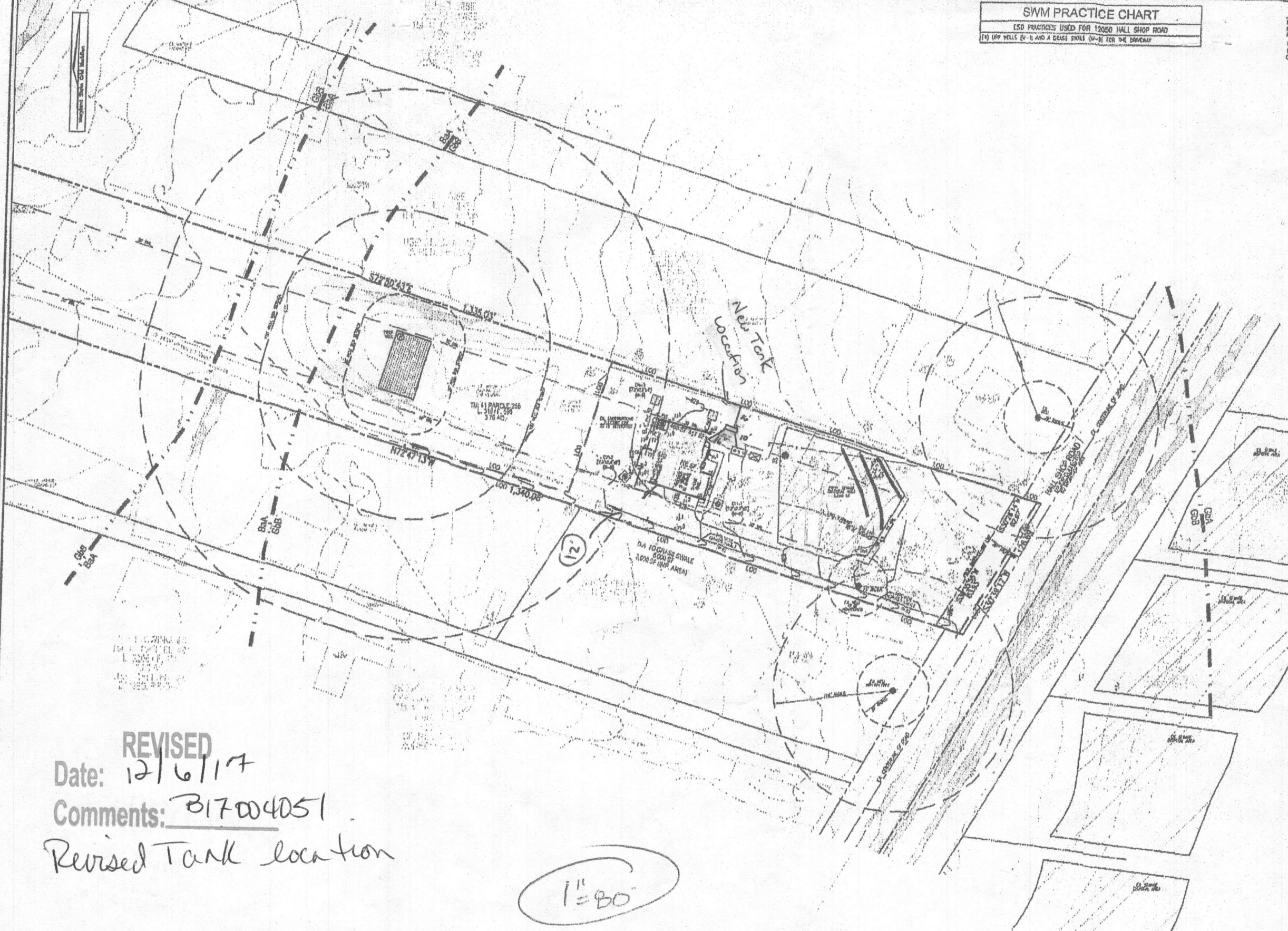
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET FALLS CHURCH, VA 22048 TEL: 513.481.7866
 FALLS CHURCH, VA 22048 FAX: 513.481.1091

PROF. ENVIRONMENTAL CERTIFICATE

DESIGN BY: _____ DATE: _____
 DRAWN BY: _____ DATE: _____
 CHECKED BY: _____ DATE: MARCH 2017
 SCALE: AS SHOWN
 W.D. NO.: 14-65

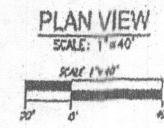
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME OR THAT I AM A SOLE LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND UNDER REG. TITLE OF MARYLAND UNDER REG. TITLE OF PROFESSIONAL ENGINEER. I AM NOT PROVIDING ANY PROFESSIONAL SERVICES TO ANY OTHER PARTY.

1 SHEET OF 2



REVISED
 Date: 12/6/17
 Comments: B17004051
 Revised Tank location

1"=80'



APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

 CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE: _____

 CHIEF, DIVISION OF LAND DEVELOPMENT DATE: _____

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	GROUP	K-FACTOR	ERODIBLE
	G-1 GRAZE SWALE 5 TO 7 PERCENT SLOPES	G/D	38	YES
	G-2 GRAZE SWALE 8 TO 9 PERCENT SLOPES	A	38	NO
	G-3 GRAZE SWALE 3 TO 4 PERCENT SLOPES	A	38	NO

* SOIL INFORMATION FROM DATA WEB SOIL SURVEY RESULTS
 HOWARD COUNTY SOILS MAP NUMBER 23 - CLARKSVILLE SE

NOTE: HIGHLY ERODIBLE SOILS ARE THOSE SOILS WITH A SLOPE GREATER THAN 10 PERCENT OR THOSE SOILS WITH A SEA EROSION FACTOR IS GREATER THAN 0.35 AND WITH A K-FACTOR GREATER THAN 5 PERCENT

Name: Michael Wise
Street Address: 12050 Hall Shop Rd
City, State, Zip: Clarksville MD 21029
Date: 12/5/17

Amendment, Permit # B17004051

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED
DEC 03 2017
LICENSES & PERMITS
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B17004051 at _____ to _____

Revise Tank location ONLY - same size

Enclosed:

- Fee: \$25.00 CK# 6297
- Plot Plans
- Sets of Construction Drawings
- Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,



cc: DPZ
DED
Health
12/20/17

Name: Michelle Clancy
Title: Permits
Phone: 443-610-7514
Email: Michelle @ AppliedAndApproved.com

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6-14-17

To: Dan Switzer / Health Dept
(Person's Name and Division)

From: Joe Matta (410) 977-1342
(Your Name, Company Name and Telephone Number)

Subject: Project name Wise Residence
Project site address 12050 Hill Shop Rd.
Permit # B17002057 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Letter Summarizing Changes
 - Energy conservation calculations
 - 3 Copies of House Plans (be specific).
 - Health Department Request DPZ/ DED Request Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Contact Person Information: (Required)

Joe Matta
Please Print Name

Telephone No: 410 977 1342

E-Mail Address: Jmatta@construction-services.net

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by A. Gurman

DTLP 2017 JUN 14 AM 8:16