

Record Detail * (This section is required.)

Approved R1E
6/30/2025

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Solar Panel	B25001868	05/12/2025
Description of Work		
SFD/ INSTALL (66) GROUND-MOUNTED SOLAR PANELS *SEE PAGE 3 FOR SITE PLAN*		

Online BP.
gd 5/15/25

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12587	CLOVERHILL	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select--		-76.94932	39.30484
City	State	Zip Code	Primary
WEST FRIENDSHIP	MD	21794	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
906718	249	3.01	260070	634300	255050	RURAL
Legal Description						
LOT 3 3.013 A []12587 CLOVERHILL DR []CLOVERHILL FARM						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403311384						
Section	Area	Tax Map					
		15					
Grid	Zoning District	ADC Map					
15-11	RR-DEO	4813-J2					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
6867			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1987	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No	No						

Owner * (This section is required.)

Search Reset Clear

Name *
CASSII

Address Line 1
12587 CLOVERHILL DR

Address Line 2

Address Line 3

Mail City

WEST FRIENDSHIP

Mail State

MD

Mail Zip Code

21794

Phone

410-808-3249

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals * (This section is required.)

License # * 08050030991 Business Name FUSION SOLAR SERVICES LLC

License Type * MHIC Co First Name JOSEPH Middle Name Last Name RICE

Primary Yes Address Line 1 3600 COMMERCE DRIVE SUITE 601 Address Line 2

City HALETHORPE State MD ZIP Code 21227-0000

Phone 1 4439550779 Phone 2 Fax

E-mail JRICE@FUSIONSS.NET

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant First Name JOSEPH MI Last Name RICE

Relationship Applicant Full Name JOSEPH RICE

Primary Yes Organization Name FUSION SOLAR SERVICES LLC

Street Address 3600 COMMERCE DRIVE SUITE 601 Address Line 2

City HALETHORPE State MD Zip Code 21227 000

Phone 4439550779 Cell Fax

E-mail * permits@FUSIONSS.NET

Addtl Info

Est Construction Cost * 66000 Housing Units * 0 Number of Buildings * 0 Public Owned No

Construction Type 329 - Structures Other Than Buildings (Retaining Walls/Tents)

RESIDENTIAL SOLAR PANEL INFO

SOLAR PANEL INFORMATION

Capital Project-No Fee Yes No Type of Installation * Solar Collector - Ground Mount Number of Panels * 66 Water Supply * (Number) Private Sewage Disposal * Private Expiration Date 11/9/2025

Existing Use * SFD Sprinkler System * Yes No

PAYMENT INFORMATION

Submit

Cancel



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

APPLICATION FOR WAIVER

To Howard Co Code Subtitle 8: Onsite Sewage Disposal Systems and Subtitle 9: Individual Potable Water Supply Systems

Date Submitted: 6/20/2025

Property Address: 12587 Cloverhill Dr. West Friendship, MD 21794

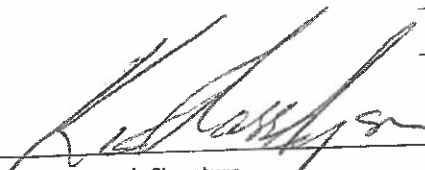
Big Branch Overlook	3	0015	0011	0249	03-311384
Subdivision	Lot	Tax Map	Grid	Parcel	Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Proposing building permit B25001868 to install ground mounted solar panels.

In the area below, list the specific section of the Howard Co Code to which a waiver is being requested and provide a brief summary of the regulation and an explanation of why the waiver is being requested (Attach a separate sheet if necessary).

- | Regulation Section | Summary and Explanation |
|----------------------|--|
| 1. <u>Sec. 3.805</u> | <u>Percolation Certification Plan. Solar panels proposed may be within designated sewage disposal area. Ground mounted solar panels can be moved if replacement septic area is needed. Other area on property is still available to test if additional area is needed.</u> |
| 2. _____ | _____ |




 Property Owner's Signature

Health Department Use Only

Reviewed by Robert Freemon 6/20/2025
 HCHD Staff Date

Comments/Conditions: approved in location shown on BE plot plan with no conflict with existing OSDS tank or trench locations

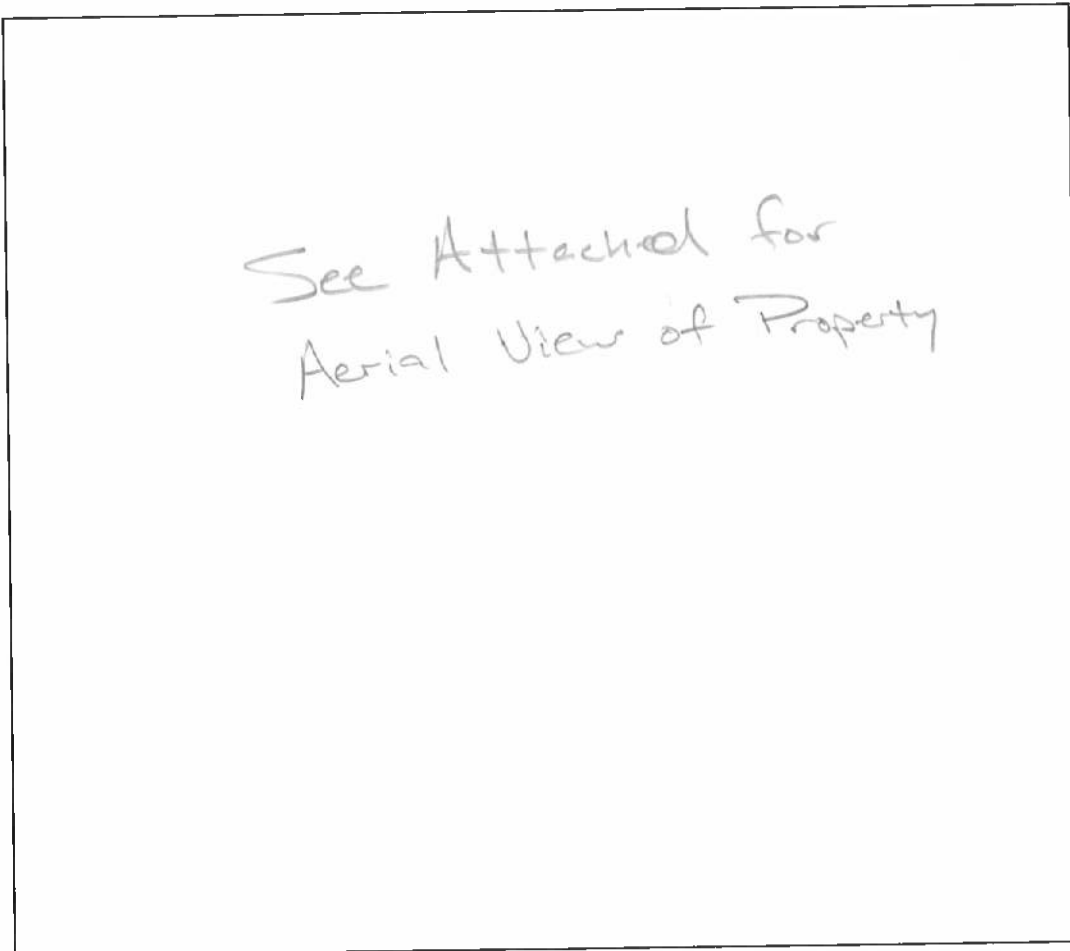
Approved by:  6/23/25
 BEH Deputy Director Date

SITE INSPECTION SHEET

OWNER: Kevin Cassidy PHONE #: _____
ADDRESS: 12587 Cloverhill Rd. CONTRACTOR: _____
West Friendship, MD 21794 WELL TAG #: HO 81 1636
SUBDIVISION: Cloverhill Farm LOT: 3 COUNTY #: Howard
PROPOSAL: B25001968 proposing solar panels. Property has
PC equivalent but area may not meet current setback

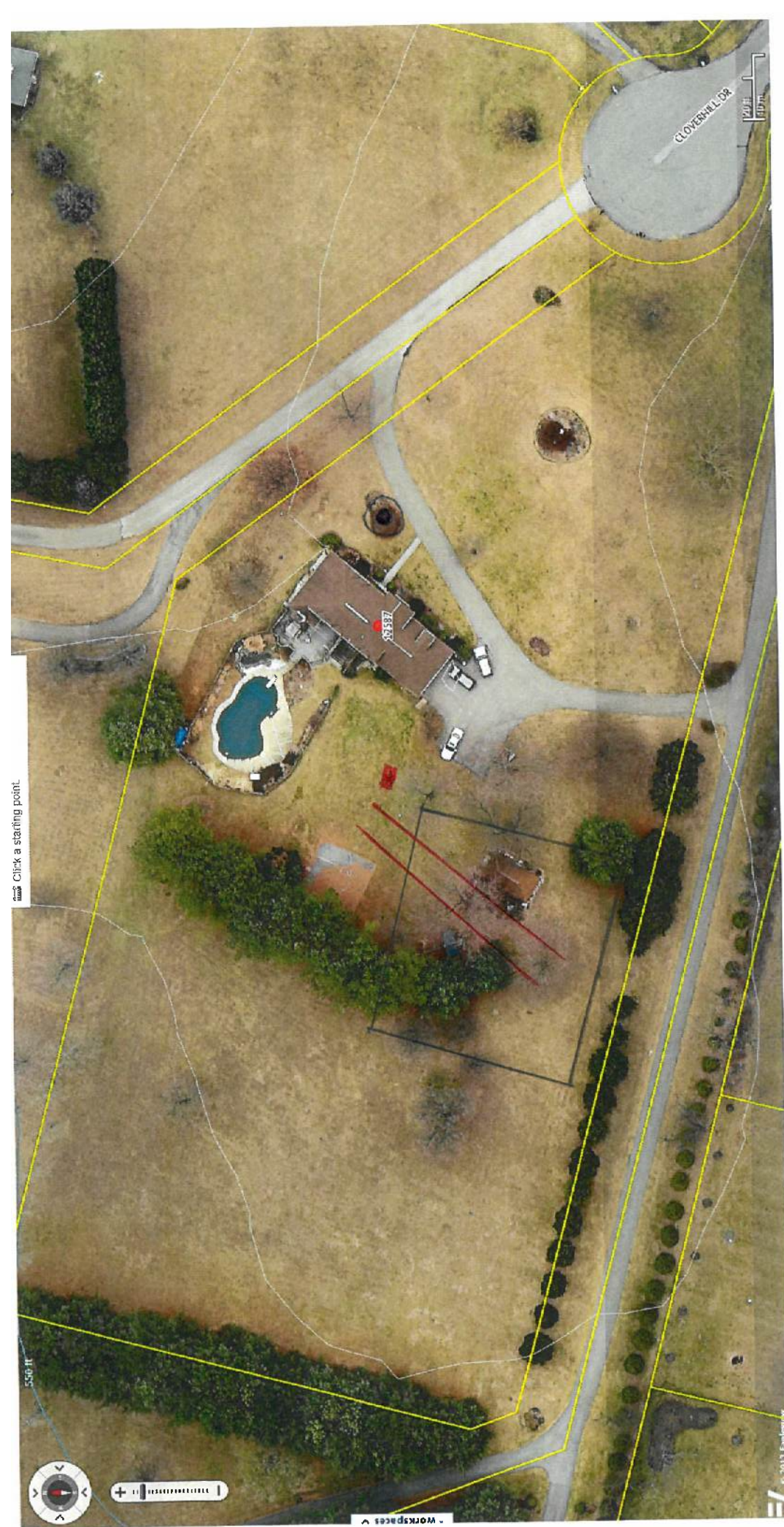
LOCATION DIAGRAM

standards



COMMENTS: No signs of failure w/ drain field. ST
appears to be functioning. Well condition
satisfactory w/ secure two piece cap. Met w/
owner and solar contractor.

DATE: 6/9/2025 INSPECTOR: RJE



Ex. Well

Ex. OSDS



SDK 1986 (Approx)



Click a starting point.

500 ft

100 ft

CLOVERHILL DR



Workspaces

© 2013 Esri



24,4436 sqft area for potential reserve area

12587 CLOVERHILL DR

Detailed Search

Add Layer

2023 Aerial Photo

BASE MAP LAYERS

HEALTH SPECIAL LAYERS

UTILITY LAYERS

GEOGRAPHY

PLANNING

ADDED LAYERS

