

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B070-2721

Building Address <u>12702 Glassman Pike</u> <u>Clarksburg, MD 21029</u>	Property Owner's Name <u>John McGee</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>12702 Route 106</u>
Census Tract _____ Subdivision _____	City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot _____	Home Phone <u>301-575-9337</u> Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <u>Residential Shell only SFD</u>	Contractor Company <u>Suburban Program</u>
Proposed Use _____	Contact Person <u>Sharon M. Kelley</u>
Estimated Construction Cost \$ <u>4500</u>	Address <u>31 Diamond Circle</u>
Description of Work <u>1-1000 sq ft</u>	City <u>Rockville</u> State <u>MD</u> Zip Code <u>21021</u>
_____	License No. <u>7000004</u>
_____	Phone <u>301-251-0008</u> Fax <u>301-251-0007</u>

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State <u>MD</u> Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

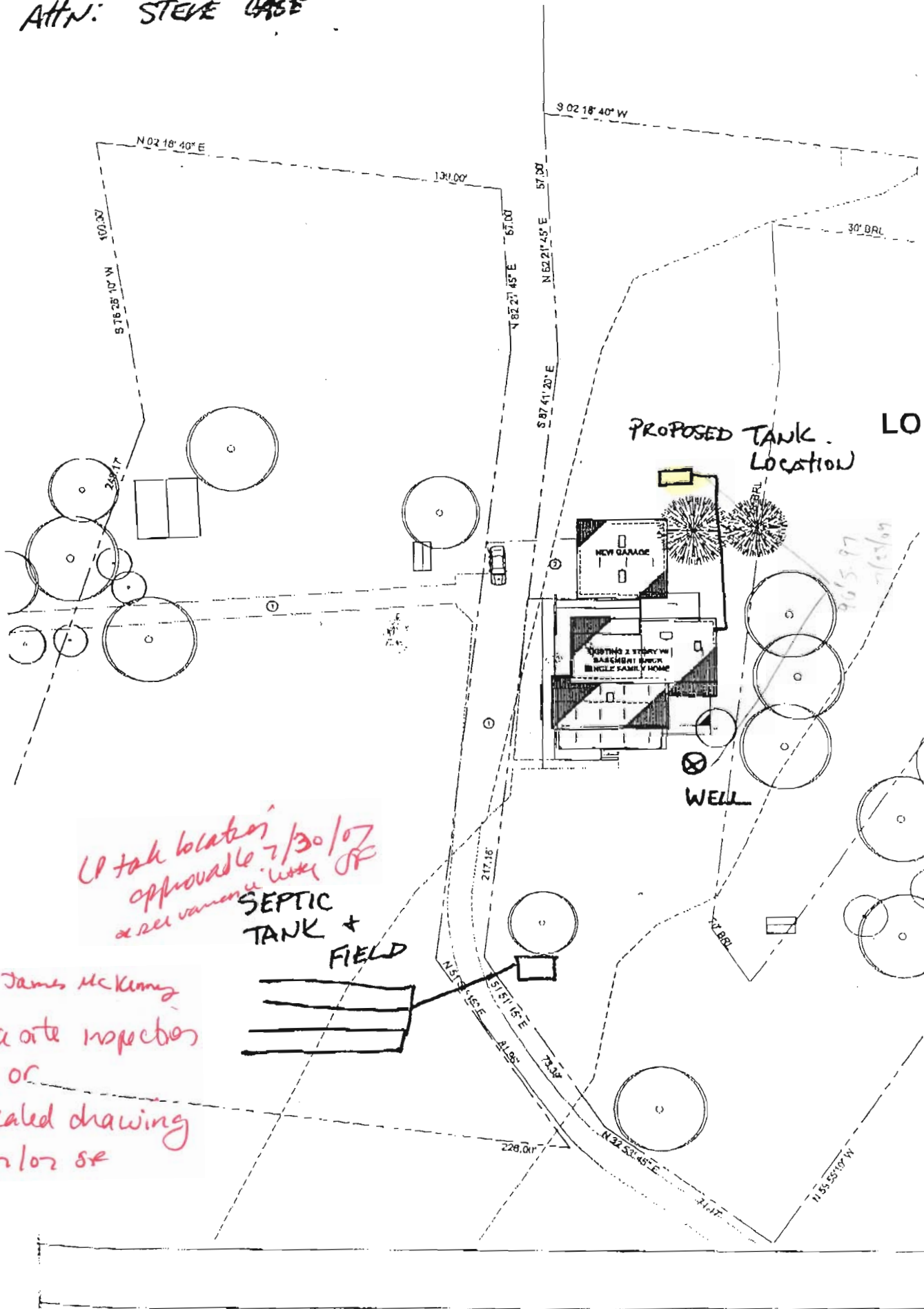
Date

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 Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>7/10/07</u> <u>Jafar</u>			All minimum setbacks met?	TOTAL FEES \$ <u>100.00</u>
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>CP11</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			Lot Coverage for New Town Zone _____	Accepted by <u>J</u>
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

ATTN: STEVE CASE



*UP tank location approved 7/30/07
see various notes on*

SEPTIC TANK + FIELD

*Called James McKenna
Need a site inspection
or
A scaled drawing
7/12/07 SK*

*465.97
7/12/07*

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

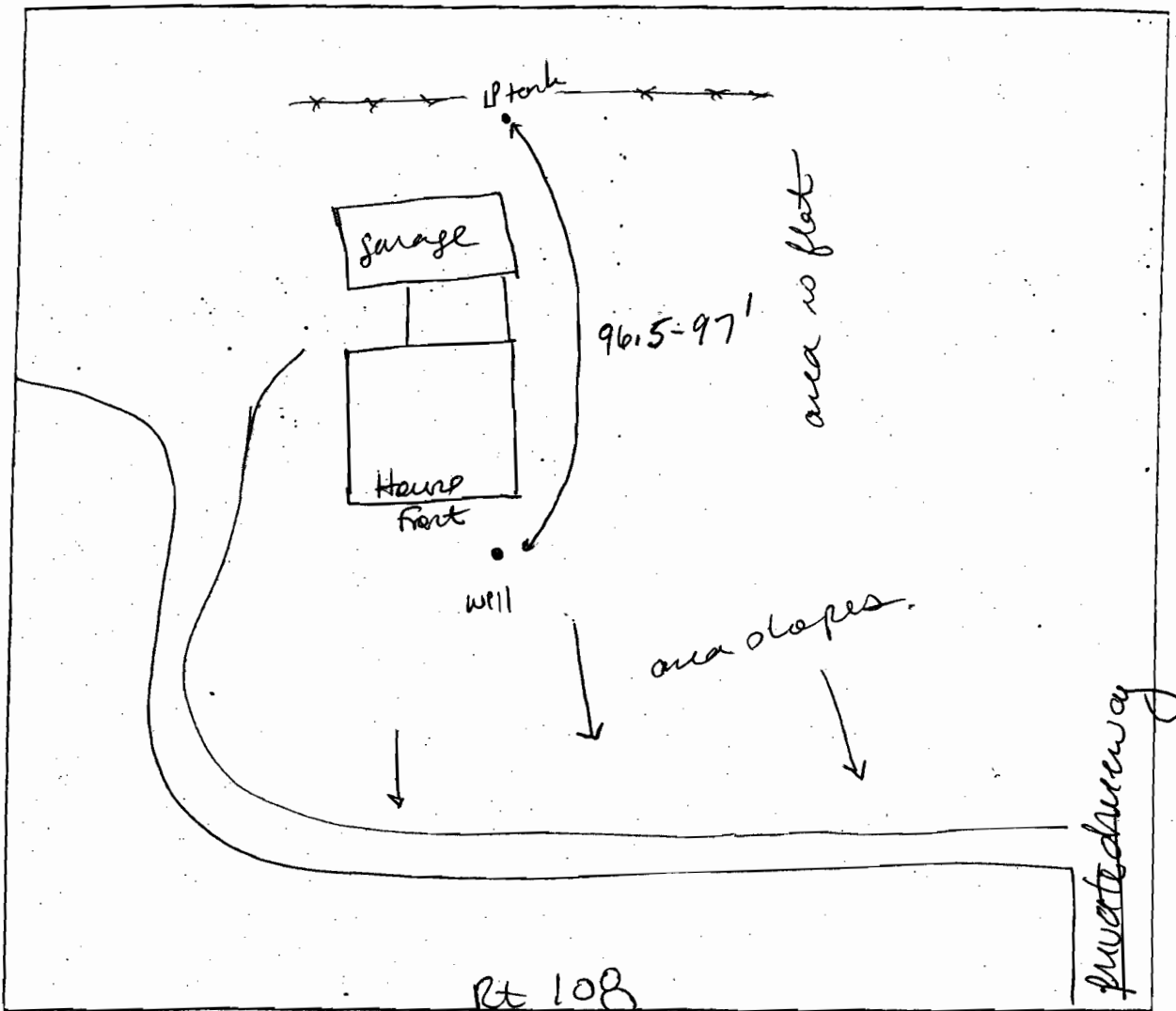
ADDRESS: 12702 Rt 108 CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: verify CP tank distance from well.

LOCATION DIAGRAM



COMMENTS: Pressure tank has already been set. It is 2100'
from well.

7/23/07 JP

Jon McGee
12702 Clarksville Pike
Clarksville, MD 21029
July 27, 2007

Dear Mr. Davis:

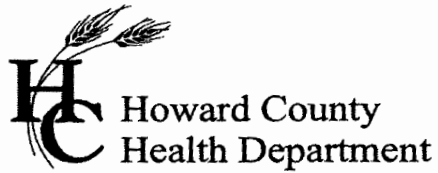
I am writing to request a variance for the 100' set back requirement from our well to an underground propane tank. The tank is currently installed at a distance of 97' +/- from the well and is on the opposite side of the house from the well. Sarah from Howard County Health Department visited the site and confirmed the measurement.

Please let me know if any additional information is required.

Sincerely,


Jon McGee

7/30/07
OK to approve
B.P.
mgc



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 3, 2007

Jon McGee
12702 Clarksville Pike
Clarksville, MD 21029

RE: **Variance Approval**
12702 Clarksville Pike
Clarksville, MD 21029

Dear Mr. McGee,

The Department of Health has received your variance request dated July 27, 2007 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed underground propane tank is constructed no closer than ninety-seven feet to the existing well. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Well and Septic Program Manager

cc: **File**

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER 17-000-102

Building Address 17705 RUFF 102
17705 RUFF 102 HARLAND 71457
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SOFT SAND BUILDING
 Proposed Use SOFT SAND BUILDING
 Estimated Construction Cost \$ 17700
 Description of Work 117 SQ FT. 2.40 SQUARE
1. 117 SQ FT. 2.40 SQUARE

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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 202-416-5597 Fax 202-416-5597

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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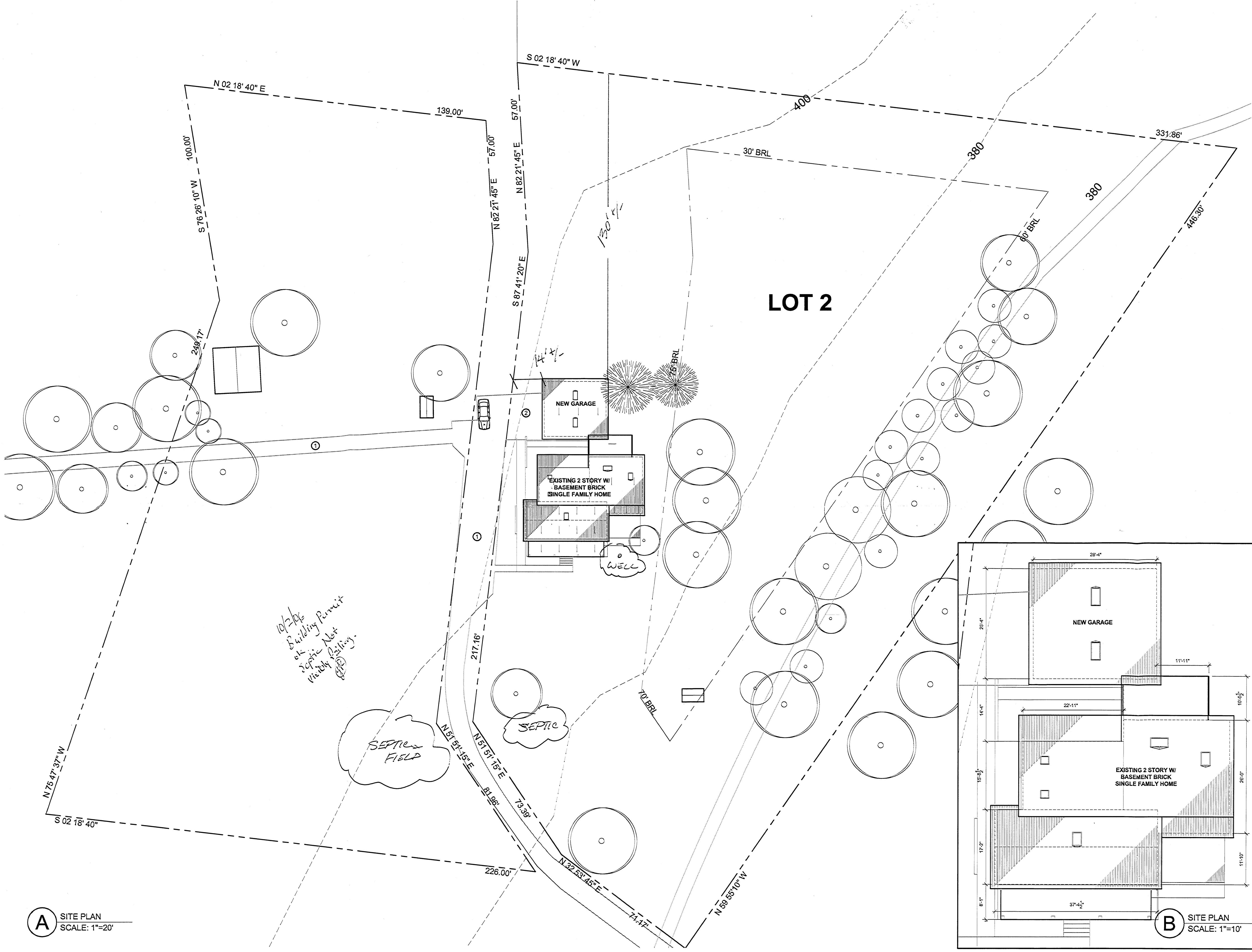
[Signature]
 Applicant's Signature
Owner
 Title/Company

John M O'Keefe
 Print Name
2/3/06
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/REMARKS	DEPT SETBACK INFORMATION	PROPERTY ID#
Development DPZ			Front: _____	Filing fee: \$ _____
Planning			Rear: _____	Permit fee: \$ _____
Building Official			Side: _____	Excise tax: \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee: \$ _____
Health	<u>10/2/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Env Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Map file approval date _____	Validation: \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Accepted by _____	
Transmit PERMIT FROM _____			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	



A SITE PLAN
SCALE: 1"=20'

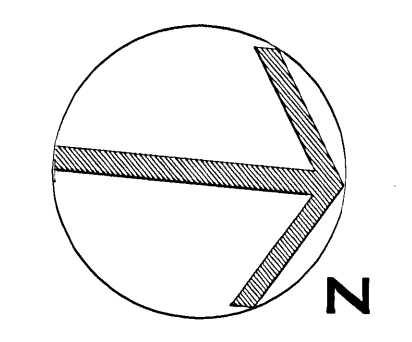
B SITE PLAN
SCALE: 1"=10'

KEY NOTES

- EXISTING PAVED DRIVEWAY
- NEW PAYVE DRIVEWAY

EROSION CONTROL

- ALL EROSION AND SEDIMENT CONTROL MEASURES SHALL BE PLACED PRIOR TO OR AS THE FIRST STEP IN GRADING.
- PROVIDE TEMPORARY STONE CONSTRUCTION ENTRANCE WHERE SHOWN. PROVIDE WATER SOURCE AND HOSE TO CLEAN ALL EQUIPMENT LEAVING SITE.
- INSTALL SILT FENCE AROUND PERIMETER OF SITE.
- NO DISTURBED AREA WILL BE DENUDE FOR MORE THAN 7 CALENDAR DAYS. INSTALL THE NECESSARY TEMPORARY OR PERMANENT VEGETATIVE STABILIZATION MEASURES TO ACHIEVE ADEQUATE EROSION AND SEDIMENT CONTROL.
- ALL CONSTRUCTION TO BE INSPECTED DAILY BY THE CONTRACTOR AND ANY DAMAGED SILTATION OR EROSION CONTROL DEVICES OR MEASURES WILL BE REPAIRED AT THE CLOSE OF THE DAY.
- ALL SILT FENCES TO BE MAINTAINED IN WORKING CONDITION.
- STABILIZED CONSTRUCTION ENTRANCES TO BE PERIODICALLY SUPPLEMENTED WITH ADDITIONAL STONE AS NEEDED.
- CONTROLS WILL BE REMOVED AFTER THEIR CONTRIBUTING BASINS HAVE BEEN PERMANENTLY STABILIZED.
- ALL SEDIMENT AND EROSION CONTROL MEASURES TO BE INSPECTED DAILY BY THE CONTRACTOR. ANY DAMAGED DEVICE OR MEASURE WILL BE REPLACED BY THE CLOSE OF DAY OR AS DIRECTED BY THE ARCHITECT.
- ALL CATCH BASINS AND AREA DRAINS SHALL BE PROTECTED DURING EXCAVATION AND CONSTRUCTION.
- IF ANY CATCH BASIN OR DRAIN BECOMES CLOGGED AS A RESULT OF EXCAVATION OR CONSTRUCTION, THE CONTRACTOR SHALL BE RESPONSIBLE FOR ITS IMMEDIATE CLEANING.
- ALL DISTURBED AREAS WITHIN THE LIMIT OF DISTURBANCE BOUNDARY NOT SHOWN TO BE PAVED SHALL BE SEEDED OR SODDED AS PER DC SPECIFICATIONS WITHIN SEVEN DAYS OF DISTURBANCE.
- ANY STOCKPILING, REGARDLESS OF LOCATION ON SITE SHALL BE STABILIZED WITHIN 14 DAYS AND COVERED WITH PLASTIC OR CANVAS. AFTER ITS ESTABLISHMENT AND FOR THE DURATION OF THE PROJECT.
- AFTER RAZE OR DEMOS, THERE IS NEED FOR GROUND COVER TO PREVENT EROSION AND SEDIMENT RUNOFF FROM OCCURRING, SUCH AS SEED, SOD, PAVING, BRICKBRACK, OR MULCH, ETC.
- AT THE COMPLETION OF CONSTRUCTION PROJECT, ALL TEMPORARY SILTATION, SEDIMENTATION AND EROSION CONTROL MEASURES AND DEVICES SHALL BE REMOVED AND ALL DENUDE AREAS SHALL BE PERMANENTLY STABILIZED.



INSCAPE STUDIO
1215 CONNECTICUT AVE. NW
WASHINGTON, DC 20036
T: 202.416.0333 F: 202.416.0332

McGee - Mess Farmhouse
Project No: 06002
Address: 12702 Rt. 108
Clarksville, MD 21029

DESIGN DEVELOPMENT
(NOT FOR CONSTRUCTION)

REVISIONS

NO.	DESCRIPTION

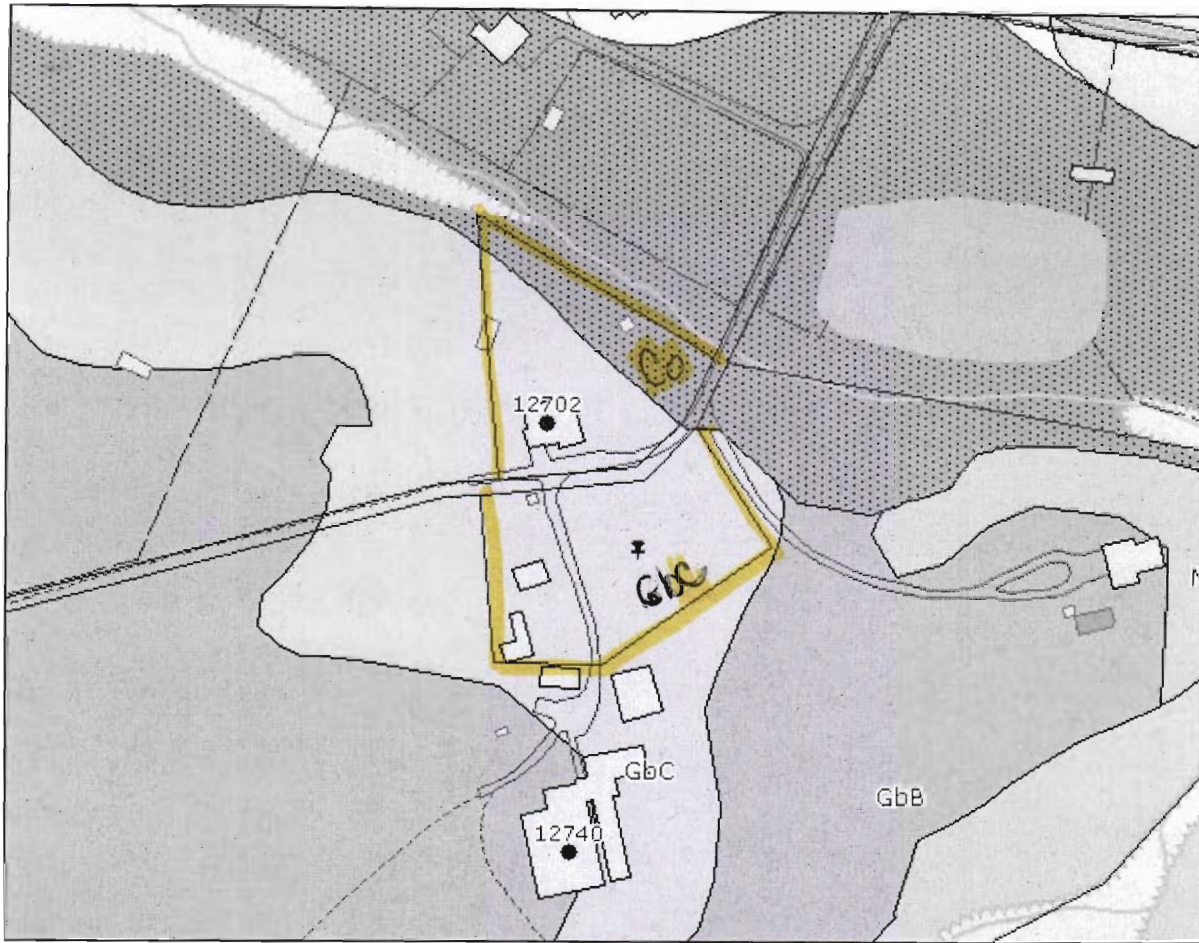
1"=20'-0"
SCALE
ISSUE
25 AUG 06

A004

NEW SITE PLAN


PROJECT ARCHITECT - P. ZOUZOLAS 202.416.0337

SITE PLAN



12702 Clarksville Pike

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
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Account Identifier: District - 05 Account Number - 361567

Owner Information

Owner Name:	MCGEE JONATHAN C MESS SARAH A T/E	Use:	RESIDENTIAL
Mailing Address:	PO BOX 284 CLARKSVILLE MD 21029-0284	Principal Residence:	YES
		Deed Reference:	1) / 9485/ 529 2)

Location & Structure Information

Premises Address 12702 ROUTE 108 CLARKSVILLE 21029	Legal Description LOT 2 3.002 AR 12702 ROUTE 108 NAECKER PROP
---	---

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	4289
34	17	382					2	2	Plat Ref:	

Special Tax Areas	Town Ad Valorem Tax Class NO A/V, NO M/P, RURAL FIRE TAX
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Primary Structure Built 1865	Enclosed Area 2,812 SF	Property Land Area 3.00 AC	County Use
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Stories 2	Basement YES	Type STANDARD UNIT	Exterior BRICK
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Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
Land:	140,000	01/01/2005	07/01/2006	07/01/2007
Improvements:	168,200	310,000		
Total:	308,200	184,750	432,566	494,750
Preferential Land:	0	494,750	0	0

Transfer Information

Seller: NEECKER MARIE T	Date: 09/16/2005	Price: \$640,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 9485/ 529	Deed2:
Seller: NAECKER LOUIS J	Date: 07/26/2004	Price: \$0
Type: NOT ARMS-LENGTH	Deed1: / 8505/ 581	Deed2:
Seller: NAECKER LOUIS J & WF	Date: 01/24/1992	Price: \$0
Type: NOT ARMS-LENGTH	Deed1: / 2469/ 363	Deed2:

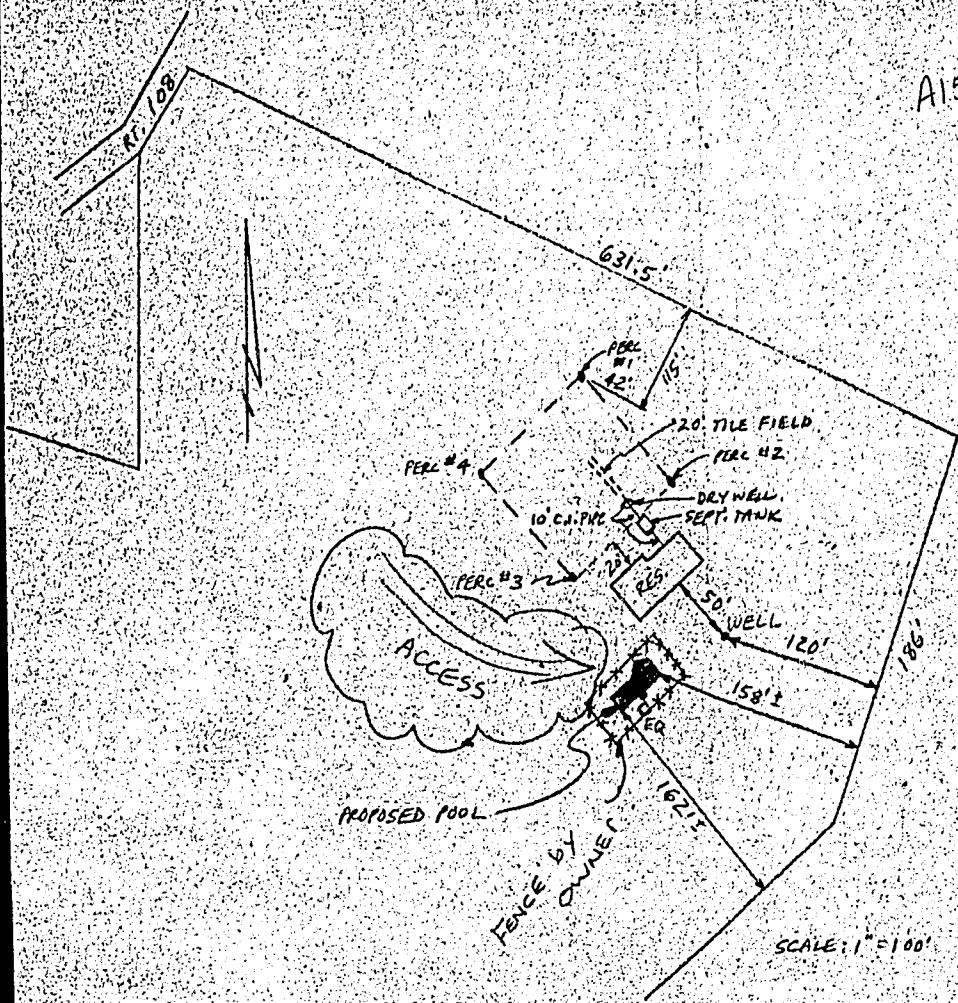
Exemption Information

Partial Exempt Assessments	Class	07/01/2006	07/01/2007
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO **Special Tax Recapture:**

* NONE *

A15668



127.02 ROUTE 108
CLARKSVILLE, MD. 21029
HOWARD, CO. MD.

69'-4" TO E
50'-0" TO PT. OF TRIANGULATION