

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

Date: 9/26/2023 ☐ ONLINE SUBMITTAL ☒ PAPER SUBMITTAL

To: Michael Plevins DILP  
(Reviewer/Requestor's Name) (Division)

From: James Maguire 301-520-7251  
(Your Name, Company Name) (Phone Number)

Subject: Project name Maguire / Van Buren Addition  
Project site address 12010 Simpson Rd, Clarksville MD  
Permit # B23003883 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 revised Plot Plan (be specific).

☐ Health Department Request ☒ DPZ/ DED Request ☐ Applicant's Request

☐ Two sets of single-family model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_

☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

James Maguire Telephone No: 301-520-7251  
Please Print Name E-Mail Address: Jim@MaguireBuild.com

**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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 [Signature]  
White-Plan Review / Yellow-Applicant / Pink-Permit Division  
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

**RECEIVED**

SEP 26 2023

LICENSES & PERMITS  
DIVISION

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

Date: 10/10/2023 ☐ ONLINE SUBMITTAL ☒ PAPER SUBMITTAL

To: Michael Blevins Plan Review  
(Reviewer/Requestor's Name) (Division)

From: James Maguire 301-520-7251  
(Your Name, Company Name) (Phone Number)

Subject: Project name Maguire / Van Buren  
Project site address 12010 Simpson Rd., Clarksville MD  
Permit # R 23003 883 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 2 sets 1 Simp. Floor plan
- ☐ Energy conservation calculations
- ☒ Copies of Plans and Plot (be specific).
- ☐ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single-family model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

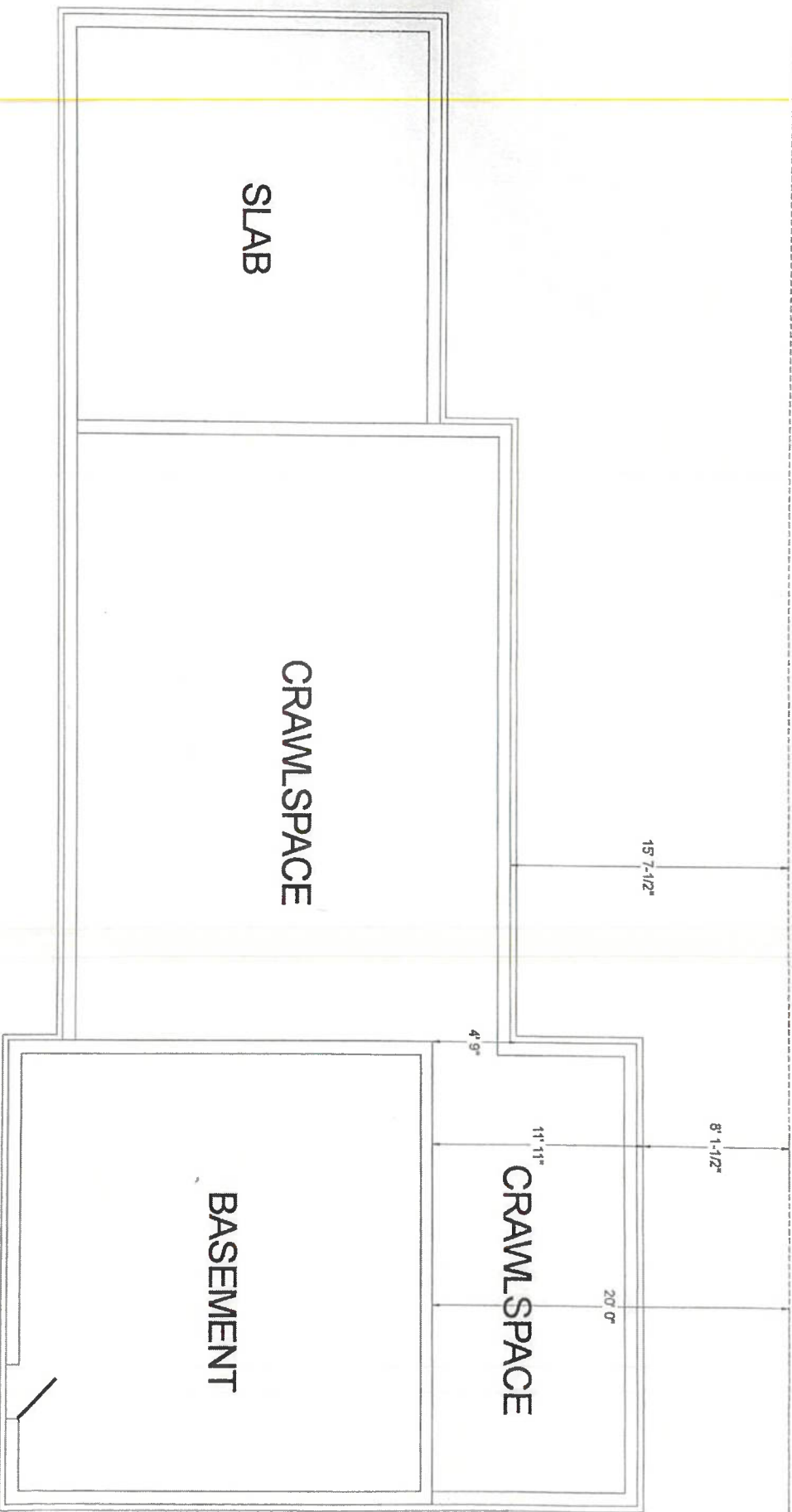
James Maguire Telephone No: 301-520-7251  
Please Print Name E-Mail Address: \_\_\_\_\_

**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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 [Signature]  
White-Plan Review / Yellow-Applicant / Pink-Permit Division  
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

RECEIVED  
OCT 10 2023  
LICENSES & PERMITS  
DIVISION

20 foot from basement line





# PLANNING · SUBDIVISION AND SITE DESIGN · SURVEYING

150 AIRPORT DRIVE, SUITE #4 · WESTMINSTER, MD 21157 · (410) 876-0333 · (410) 857-9030 · Fax (410) 876-1532

TO: Bureau of Environmental Health DATE: 08/16/2021  
8930 Stanford Boulevard SUBJECT: 12010 Simpson Rd  
Columbia, Maryland 21045  
Ho Co File No. \_\_\_\_\_  
ATTENTION: Hank Oswald JOB NUMBER: 19-099-000

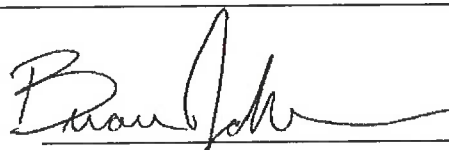
**WE ARE SENDING YOU THE FOLLOWING ITEMS:**

☒ ATTACHED ☐ ENCLOSED ☐ UNDER SEPARATE COVER  
☐ PRINTS ☐ SECOND ORIGINALS ☐ ORIGINALS ☐ COPIES

NO.	DESCRIPTION
2	Revised OSDS
1	Signed Waiver Request and Building foundation layout

☒ FOR APPROVAL ☐ FOR REVIEW ☐ FOR YOUR INFORMATION  
☐ FOR YOUR USE ☐ FOR PROCESSING ☐ RETURN TO THIS OFFICE  
☐ AS REQUESTED ☐ FOR SIGNATURE ☐ OTHER

REMARKS: \_\_\_\_\_

  
\_\_\_\_\_  
Brian Johnson



**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

**Maura J. Rossman, M.D., Health Officer****APPLICATION FOR VARIANCE  
TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL**

Date Submitted

05/14/2021

12010 Simpson Road Clarksville, MD 21029

Property Address

N/A

N/A

41

1

333

05-344832

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):

Active OSDS Plan.

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

Regulation Section

Summary and Explanation

1. COMAR 26.04.02.04.J.(13)

Specifies horizontal separation between OSDS including its recovery area and building foundations. As noted on Howard County Code 3.808(m) the owner seeks to install a septic tank within

2.

Property Owner's Signature

**Health Department Use Only**

Reviewed by

HCHD Staff

Date

Recommendation:

☐

Recommended

☐

Not Recommended

HCHD Supervisor

Date

Comments/Conditions:

Approved by:

MDE Representative

Date

## Brian Johnson

---

**From:** Brian Johnson  
**Sent:** Monday, August 16, 2021 5:05 PM  
**To:** Randy Bachtel; Oswald, Hank  
**Subject:** RE: OSDS Plan\_12010 Simpson Road

Good Afternoon Mr. Oswald,

Below are comment responses in **red** to your comments from April.

**A General statement of revisions is as follows:**

A new well was dug within the well envelope. The new well has been shown on the OSDS Design Plan and the envelope has been removed. I met the contractor on-site on 8/16/2021. We staked the trench locations and took a rod shots. Field Elevations have been labeled on the plan. After shifting the septic tank closer to the trenches and having actual rod shots, it was determined that gravity could be achieved.

Please use this link to access the latest revised plan. I will mail hardcopies tomorrow.

<https://bprllc.sharefile.com/d-s1602f3ead3eb47ad809a2cda652f463b>

Thanks,

**Brian S. Johnson**

*Land Development Practice Leader*



150 Airport Drive, Unit #4  
Westminster, MD 21157  
(O) 410-857-9030

**From:** Randy Bachtel <rbachtel@bprsurveying.com>  
**Sent:** Monday, April 26, 2021 10:34 AM  
**To:** Brian Johnson <bjohnson@bprsurveying.com>  
**Subject:** FW: OSDS Plan\_12010 Simpson Road

Randy Bachtel, President  
BPR, Inc.  
150 Airport Drive Unit 4  
Westminster, MD 21157

Office Number: 410-857-9030

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Monday, April 26, 2021 10:04 AM  
**To:** Randy Bachtel <[rbachtel@bprsurveying.com](mailto:rbachtel@bprsurveying.com)>  
**Cc:** Maria Van Buren <[mariaivanburen125@gmail.com](mailto:mariaivanburen125@gmail.com)>  
**Subject:** OSDS Plan\_12010 Simpson Road

Hi Randy:

The following comments pertain to the review of the OSDS Plan for 12010 Simpson Road.

- 1.) Show approved SDA on OSDS Plan. The SDA has been slightly modified near tanks. (See attached plan). Any changes to the SDA shall require a revised perc cert plan.  
**The approved SDA has been shown on the OSDS Plan.**
- 2.) Show emergency storage calculation. "The pump chamber must have the capacity to accommodate a pump positioned on a six inch riser, one dose volume, and one day's design flow storage capacity above the high water alarm."  
**Not Applicable. Gravity Septic achieved.**
- 3.) Show pump tank 20 feet from house foundation. Pump tank is within 20 feet of the setback to the house. The homeowner may ask for a waiver to the setback if that portion of the house is on crawlspace. Simplified floor plans will be needed for the waiver.  
**A Waiver has been included with this submission.**
- 4.) Raise trench inverts to 2 feet for better use and design of the trench.  
**Not Applicable. Gravity Septic achieved.**
- 5.) Change FM to 2 inch for lower friction loss/within the table limits. (See attached Table 4.4; 2.62)  
**Not Applicable. Gravity Septic achieved.**
- 6.) Minimum dose is  $1/6^{\text{th}}$  design flow.  $7 \times 150/\text{room} = 750/6 = 125$  gallons.  
**Not Applicable. Gravity Septic achieved.**
- 7.) Show total dynamic head calculation.  
**Not Applicable. Gravity Septic achieved.**

Should you have any questions, please don't hesitate to ask.

Thanks,

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  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)



On hold.

- ZS 10/12/23

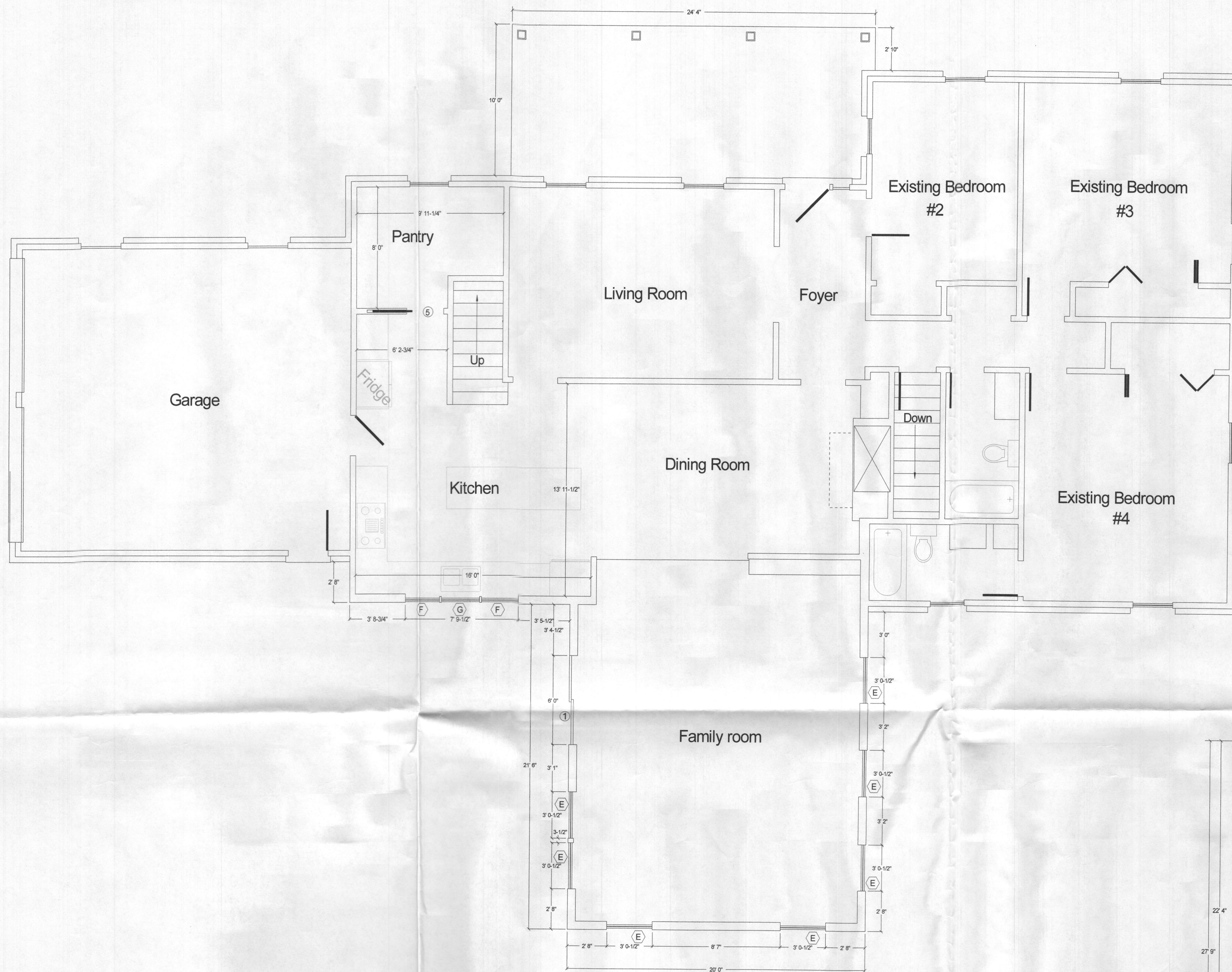
plot plan need

to show 1500 sq.ft  
well box

↓  
Approved 10/20/23



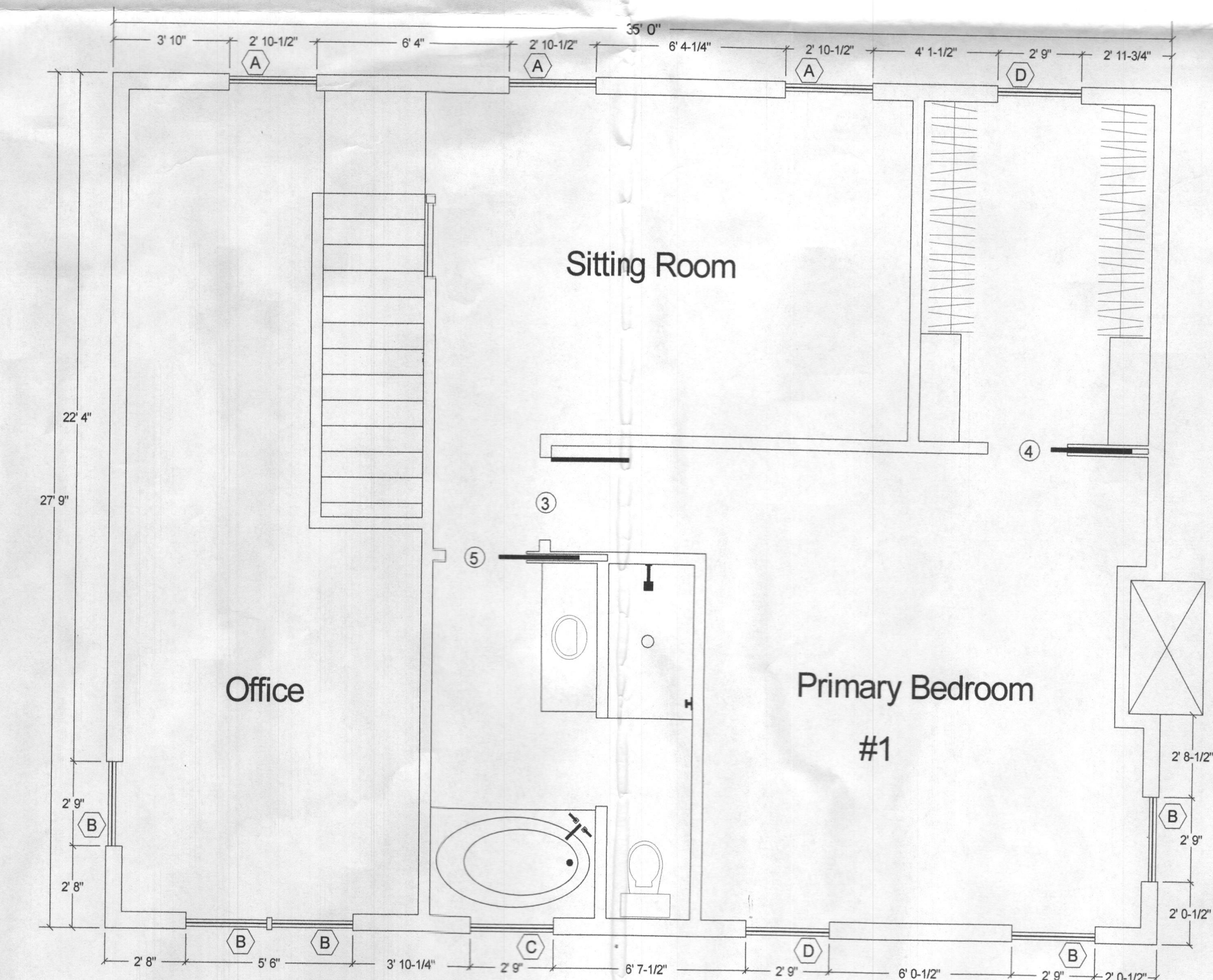




1  
A3  
First Floor Plan  
SCALE: 1/4" = 1'-0"

WINDOW SCHEDULE							
MARK	(A)	(B)	(C)	(D)	(E)	(F)	(H)
WIDTH (R.O.)	2'-10 1/2"	2'-9"	2'-9"	2'-9"	3'-0 1/2"	2'-6 1/2"	2'-9"
HEIGHT (R.O.)	4'-8 1/4"	4'-7 5/8"	2'-11 5/8"	2'-11 5/8"	5'-8 1/4"	4'-0 1/4"	3'-11 5/8"
TYPE	DOUBLE-HUNG	CASEMENT EGRESS	AWNING	AWNING	DOUBLE-HUNG	DOUBLE-HUNG	CASEMENT EGRESS
MODEL / LINE #	MARVIN ELDH3456	MARVIN ELCA3335 EGRESS	MARVIN ELAWN3335 TEMPERED	MARVIN ELAWN3335	MARVIN ELDH3668	MARVIN ELDH3048	MARVIN ELDH3248 ELCA3347 EGRESS
SHGC Value	0.28	0.27	0.27	0.27	0.28	0.28	0.27
U-Value	0.28	0.27	0.27	0.27	0.28	0.28	0.27
NOTES							

DOOR SCHEDULE							
MARK	(1)	(2)	(3)	(4)	(5)	(6)	(7)
WIDTH (R.O.)	6'-0"	2'-6"	2'-8"	2'-8"	2'-8"	3'-0"	5'-0"
HEIGHT (R.O.)	6'-10 1/2"	6'-8"	6'-8"	6'-8"	6'-8"	6'-8"	6'-8"
TYPE	SLOWLY FRENCH DOOR	SINGLE HINGED	SINGLE HINGED	SINGLE POCKET	SINGLE POCKET	DOUBLE HINGED	DOUBLE HINGED
MODEL / LINE #	MARVIN ELSPD070	INTERIOR HOLLOW CORE	INTERIOR HOLLOW CORE	INTERIOR HOLLOW CORE	INTERIOR HOLLOW CORE	INTERIOR HOLLOW CORE	INTERIOR HOLLOW CORE
SHGC Value	0.28	N/A	N/A	N/A	N/A	N/A	N/A
U-Value	0.28	N/A	N/A	N/A	N/A	N/A	N/A
NOTES							



2  
A3  
Second Floor Plan  
SCALE: 1/4" = 1'-0"



PERMIT NUMBER: B 23003883

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS					
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4					
www.howardcountymd.gov					
<b>BUILDING SITE ADDRESS REQUIRED</b>					
Street Address: 12010 Simpson Road					Unit:
City: Clarksville			State: MD		Zip Code: 21029
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:		
<b>DESCRIPTION OF WORK REQUIRED</b>					
Existing Use: SFD		Proposed Use: SFD w Addition		Estimated Cost: \$150,000	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
SFD/Construct 2nd Story Addition to create Office, sitting room and bedroom. Will also create family room, bump out addition and convert garage to bedroom and bathroom. Approx 1400 sq ft					
<b>PROPERTY OWNER INFORMATION REQUIRED</b>					
Owner(s) Name(s) (As it appears on tax records): Maria Van Buren James Maguire					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12010 Simpson Road					
City: Clarksville		State: MD		Zip Code: 21029	
Phone: (301) 908-7468		Email: mariavanburen125@gmail.com			
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>					
Business Name: Maguire Building & Remodeling, Inc.			Contact Name: James Maguire		
Street Address: 6701 Surrey Lane					
City: Clarksville		State: MD		Zip Code: 21029	
Phone: (301) 520-7251		Email: jim@maguirebuild.com			
<b>CONTRACTOR INFORMATION REQUIRED</b>					
Business Name: Maguire Building & Remodeling, Inc.					
Licensee's Name: James F. Maguire			License #: MHIC40471		
Street Address: 6701 Surrey Lane					
City: Clarksville		State: MD		Zip Code: 21029	
Phone: (301) 520-7251		Email: jim@maguirebuild.com			
<b>ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</b>					
Business Name:			Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
<b>BUILDING CHARACTERISTICS REQUIRED</b>					
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*) Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: oil				Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None			Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac		
<b>ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>					
Model Name & Options:					
# of Bedrooms (SF):		# of efficiency units (MF*):		# of 1 BR (MF*):	
# of 2 BR (MF*):		# of 3 BR (MF*):			
# Rooms:		# Full Baths:		# Half Baths:	
# Fireplaces:					
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width:		1st Fl Depth:		2nd Fl Width:	
2nd Fl Depth:		Bsmt Width:		Bsmt Depth:	
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 1400 sq ft		Occupiable Area: sq ft	
<b>AGREEMENT/ DISCALIMER REQUIRED</b>					
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 ORIGINAL SIGNATURE					DATE SIGNED 9/21/2023
<b>FOR OFFICE USE ONLY</b>					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$25		PAYMENT: pay online		ACCEPTED BY: TR	