Menu Save Reset Cancel Help

Approved MRC 5/1/26

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B26001168	04/14/2026

Description of Work

SFD/ INSTALL NEW JOIST ON THE SIDE OF EACH DAMAGED JOIST. REMOVE THE STAIRS, REPLACE ALL THE STAIR STRUCTURE AND RE-INSTALL THE TREX AND RAILINGS PREVIOUSLY WILL BE REMOVED AFTER REPLACING THE STAIRS STRUCTURE.**NEW JOISTS ADDED SHALL BE SUPPORTED - SUBJECT TO FIELD INSPECTION**

Online BP.
gs 4/30/26

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12220	RUNNING FENCE	LN

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9422	39.22638

City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	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
924617	74	42552	275700	1323000	1047300	RURAL

Legal Description

IMPSLOT 10 42552 SQ[ ]12220 RUNNING FENCE LN[ ]WALNUT GROVE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605101	5				

Plan Area	State Tax Id	Subdivision Name
	1405448697	Walnut Grove

Section	Area	Tax Map
		28

Grid	Zoning District	ADC Map
28-18	RC-DEO	4933-K4

SDP No.	Final Plan No.	WP File No.	
	F-06-031		Primary
Record Plat No.	**WS Contract No.**	**FDP No.**	Yes
19220-1922			

Owner Occupied	Year Built	Historic District
○ Yes ◉ No	2011	◉ Yes ○ No

Historic District Registry No.	Stat Area	Flood Plain
	5-02A	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
YAO XI
Address Line 1
12309 DANIEL CIRCLE LN
Address Line 2

Address Line 3

Mail City
Clarksville
Mail State
MD
Mail Zip Code
21029
Phone
240-423-4788
Primary
Yes
E-mail
yaoxb76@gmail.com
Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
154638
License Type *
MHIC Ind
Primary
Yes
Business Name
ADDING CONSTRUCTION LLC
First Name **Middle Name** **Last Name**
GERARDO MARCO
Address Line 1
6481 HERITAGE HILL DR
Address Line 2
City **State** **ZIP Code**
GLEN BURNIE MD 21061
Phone 1 **Phone 2** **Fax**
443-210-0885
E-mail
ADDINGCONSTRUCTION01@GMAIL.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant
Relationship
Applicant
Primary
Yes
First Name **MI** **Last Name**
Xiaobo Yao
Full Name
YAO XIAOBO
Organization Name
YAO XIAOBO
Street Address
12309 DANIEL CIRCLE LN
Address Line 2
City **State** **Zip Code**
CLARKSVILLE MD 21029
Phone **Cell** **Fax**
240-423-4788
E-mail *
yaoxb76@gmail.com

Addtl Info

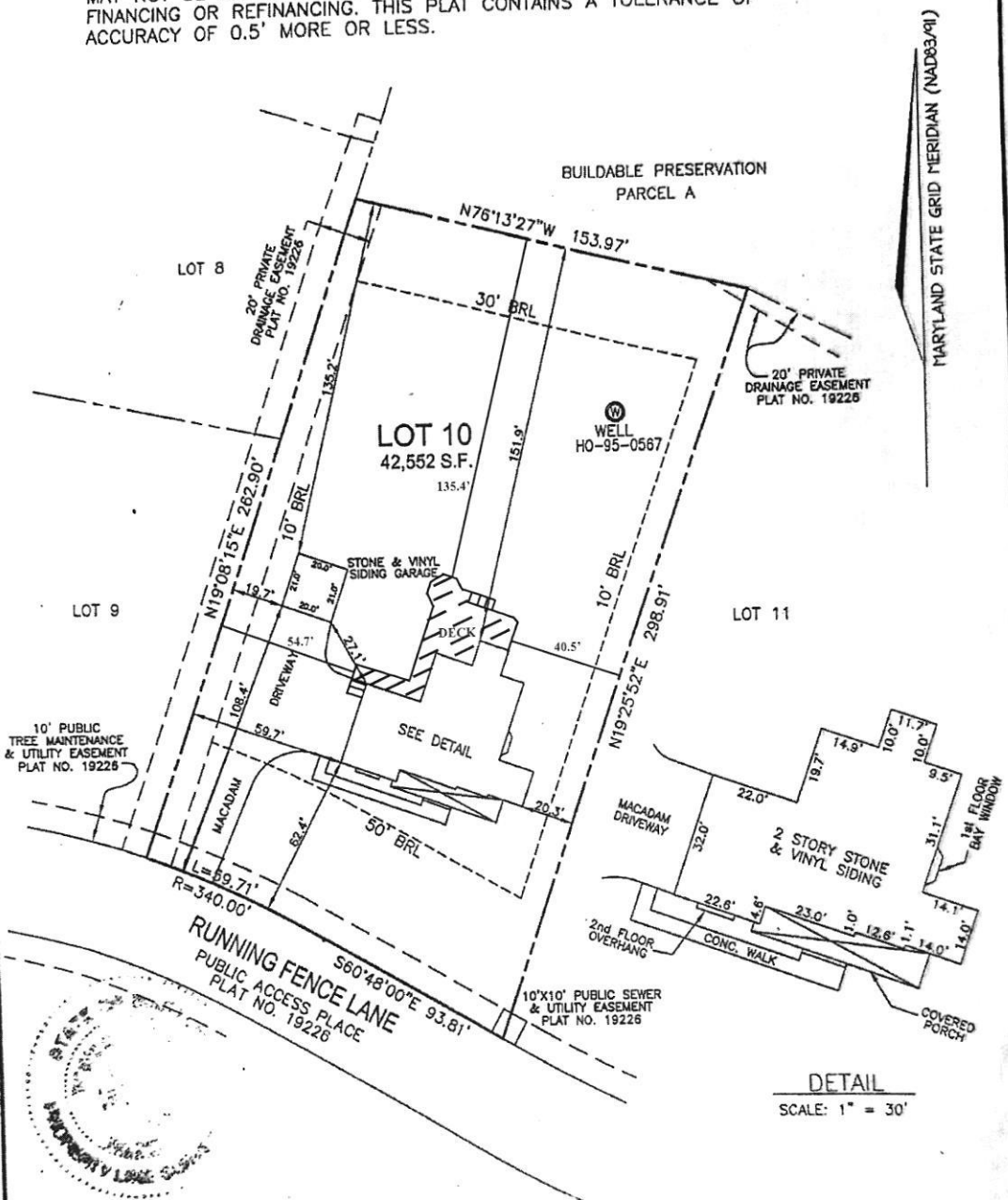
Est Construction Cost * **Housing Units** * **Number of Buildings** * **Public Owned**
5300 0 0 No
Construction Type
434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee * **Capital Project Number** **Fee Exempt** * **Roadside Tree Project Permit** * **Roadside Tree Project Permit #**
○ Yes ◉ No (Text) ○ Yes ◉ No ○ Yes ◉ No (Text)
Existing Use * **Water** **Sewage** **Expiration Date**
SFD Private Private 10/26/2026

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.5' MORE OR LESS.



DETAIL
SCALE: 1" = 30'

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Thomas M. Hoffman Jr. 2.15.11

THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE

12220 RUNNING FENCE LANE
PERMIT NO. B10001785

SCALE	DATE
1"=50'	02/08/11
DRAWN BY	CHECKED BY
B.ABBOTT	T.M.H.
PLAT NUMBER	JOB NUMBER
19220-19227	08-22.00

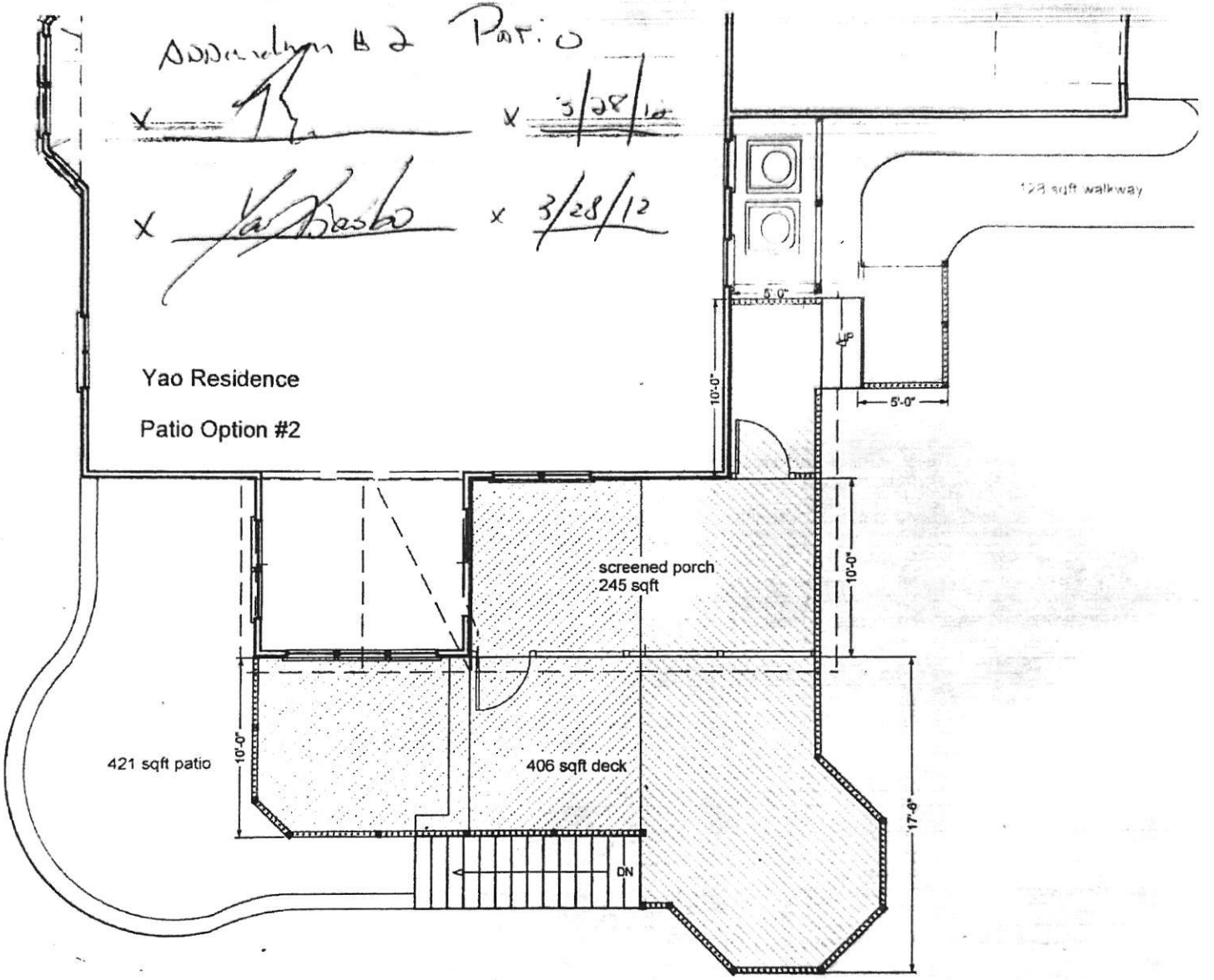
ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS - SURVEYORS - PLANNERS
8407 MAIN STREET
ELLICOTT CITY, MARYLAND 21043
TEL:410-461-7666 FAX:410-461-8961

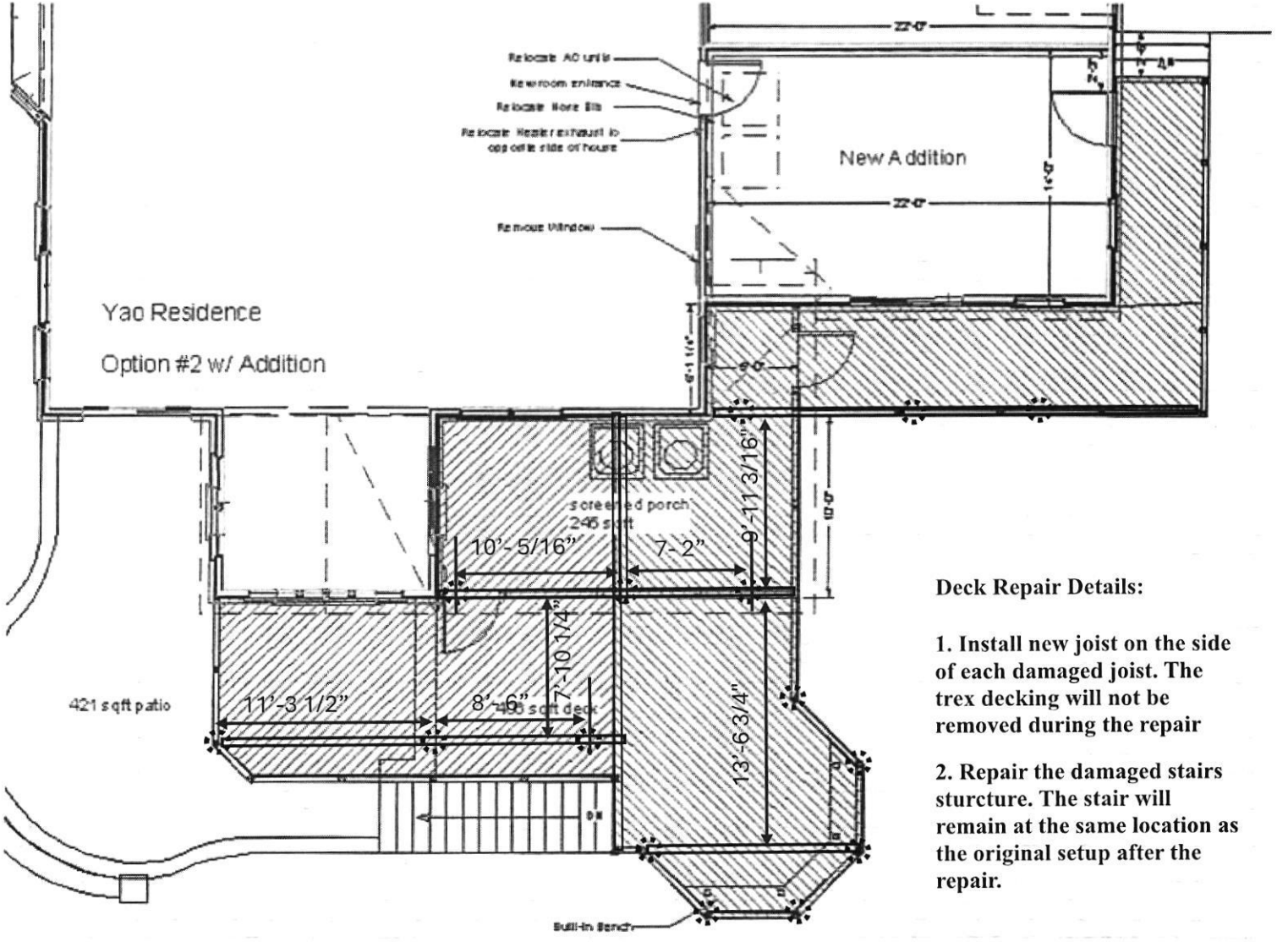
FINAL LOCATION DRAWING
LOT 10
WALNUT GROVE
PLAT NO. 19226
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Addendum #2 Patio

X [signature] X 3/28/12

X [signature] X 3/28/12





Deck Repair Details:

1. Install new joist on the side of each damaged joist. The trex decking will not be removed during the repair

2. Repair the damaged stairs sturcture. The stair will remain at the same location as the original setup after the repair.

All Joints Will be Inspected

Joint Size and Span: 2X10

No new structure will be added during this repair work.

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 8-26-10

P 534002

PERMIT

SHARED SEPTIC SYSTEM

APPROVAL DATE: 3/2/11

A 534002

Tax ID # 05-448697

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Trinity Quality Homes IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1230 Piratross Circle Ln. Clarksville MD 21029 PHONE NUMBER: 443-324-9820

SUBDIVISION Walnut Grove LOT NUMBER: 10

ADDRESS: 12220 Running Fence Lane PROPERTY OWNER: Alexander Chudnovsky

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY PUBLIC WATER? NO

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of the grinder pump, if applicable. The Howard County Bureau of Utilities must be contacted for scheduling of inspection of these items as well, at 410-313-4900.

PLANS APPROVED: Kevin Wolf DATE: 7/6/10

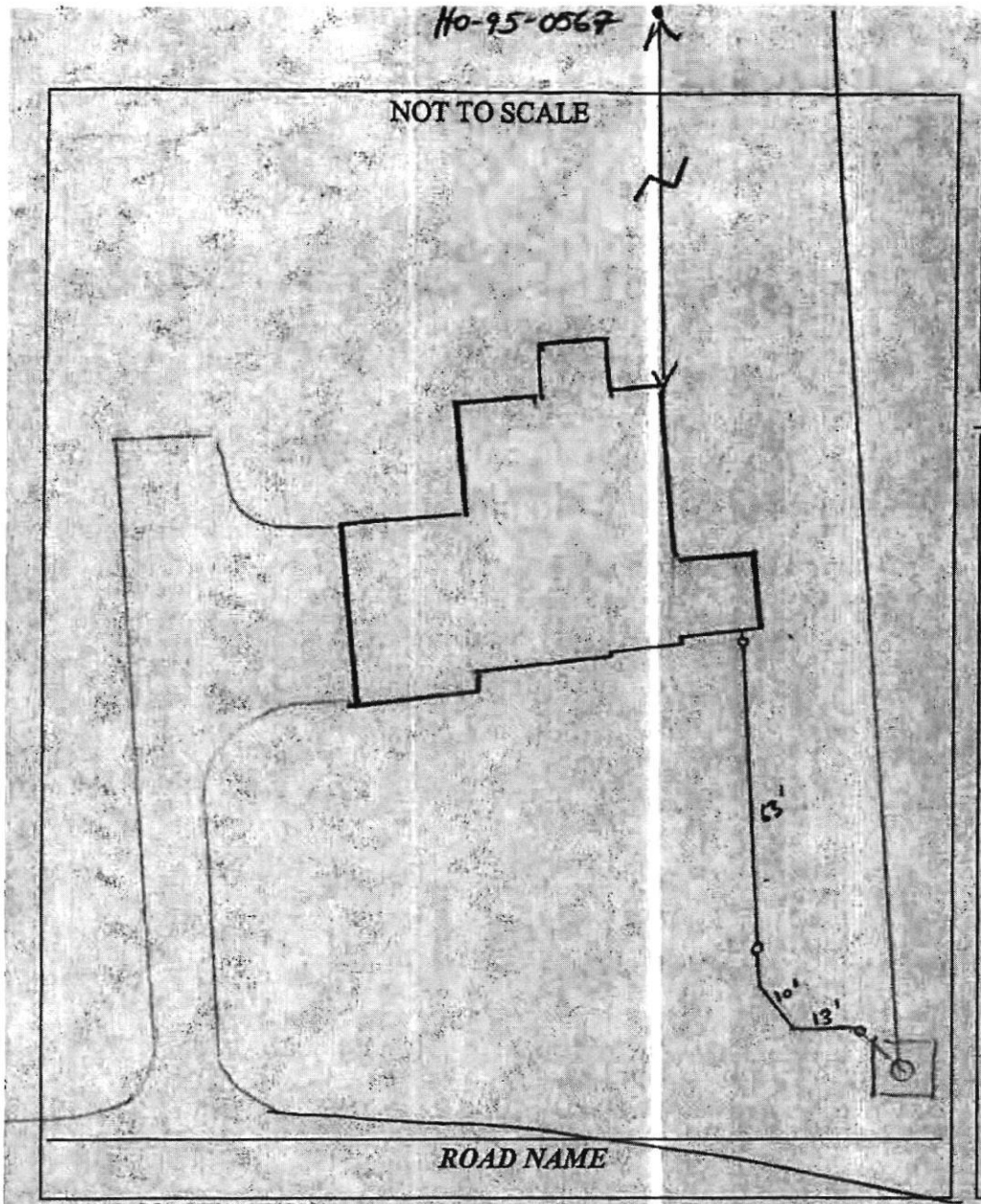
PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION HOUSE CONNECTION

HO-95-0067

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM

NUMBER OF TRENCHES _____
TOTAL LENGTH _____
ABSORPTION AREA _____
DISTRIBUTION BOX LEVEL _____
DISTRIBUTION BOX BAFFLE _____
DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
MANUFACTURER _____
CAPACITY _____ GAL
SEAM LOC _____
TANK LID DEPTH _____
BAFFLES _____
BAFFLE FILTER _____
MANHOLE LOC _____
6" PORT LOC _____
WATERTIGHT TEST _____
SLOTTED _____
DATE ON LID _____

PRE-CONSTRUCTION:
3/2/11 (Correspondence) Builder called in for V&O but no insp was ever called in. Need to dig up SHC and call in for inspection (KW)

3/1/11 Met w/ contractor and builder on site. Areas exposed near C/O's. 2 bends joint and then a straight run to grinder pump installed. Submit as-built prior to HD release (KW)

INSTALLATION: 3/2/11 As-built received. (KW)

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 3/2/11