

Menu Save Reset Cancel Help

Revision
Approved 7/29/25
-H.O.

Record Detail * (This section is required.)

Case #
EH-PLANS-25-0
Type
EnvHealth/Environmental Health/Plan Check/Application
Status
In Review

Opened Date
07/29/2025
Single Entry Edit-View Record Form
Application Name
B24002947

Description
SFD Construct new 32' x 40' Pole building/structure, Pour 32' x 40' concrete pad/foundation, 1 STORY, Post & Pier, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = N/A, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A, REVISION SUBMITTED 07.25.2025 TO CHANGE TO REMOVE EXSTING STRUCTURE AND CREATE NEW 32' X 40' POLE BARN*

Total Invoiced
0.00
Total Paid
0.00
Balance
0.00

Assigned to Department Current Department
Well and Septic Progr
Assigned to Staff Current User
Hank Oswald

Address * (This section is required.)

New	Search	Delete	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="checkbox"/>						802		Long Co...	RD	Mt. ...	MD	21771				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract			
0 record(s) found.																	

Owner (This section is not required.)

Search	Delete	Set Primary															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region					
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Amanda Haapala	802 Long Corner Rd.			Mt. Airy	MD	21771		US					

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant
Primary
Yes
First Name *
Amanda
Middle Name
Last Name *
Haapala -Chalk
Home Phone (xxx)xxx-xxxx
(443) 630-5319

Organization Name *

n/a
Mobile Phone ((xxx)xxx-xxxx)

E-mail

gary_dean_c@yahoo.com
Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date 7/25/2025 Due Date 8/8/2025

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic 7/25/2025

FACILITY INFORMATION

Name of Business (dba) * n/a (Text)

Associated Building Permit Number (Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program. Yes No

Does the project include Private Septic? If Yes, forward to WS Program. Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State. Yes No

Facility Fax 0 (Text)

Days of Operation 0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone 0 (Text)

Facility Email 0 (Text)

PROPERTY INFORMATION

Water Source Private

Sewage Disposal Private

Design Wastewater Flow (Number)

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 (Number)

Total number of open space lots to be recorded 0 (Number)

Total number of bulk parcels to be recorded 0 (Number)

Total number of lots / parcels to be recorded 0 (Number)

New buildable lots created 0 (Number)

Date PLAT signed by Health Officer

PLAT Type --Select--

Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type Residential ▼	Plan Version Revision ▼
Signature Required <input type="radio"/> Yes <input type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copes 0 (Number)
Number of buildable lots created 0 (Number)	Number of non-buildable lots created 0 (Number)
Total Number of Lots 0 (Number)	Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type --Select-- ▼	

FOOD ESTABLISHMENT FACILITY

Priority Assessment --Select-- ▼	Licensed Type --Select-- ▼
License Category --Select-- ▼	

FOOD ESTABLISHMENT INFORMATION

Hours of Operation (Text)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally. What is the start month? (Text)	Are pets allowed in a outdoor seating area? <input type="radio"/> Yes <input type="radio"/> No
Full Bar? <input type="radio"/> Yes <input type="radio"/> No	

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category --Select-- ▼	Total Seating Capacity (Number)
Number of Restrooms (Number)	Interior Restaurant Seating Capacity (Number)
Bar Seating Capacity (Text)	Outdoor Seating Capacity (Text)
Does the restaurant have outdoor seating <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> No	Description of Refrigeration Units
Number of Walk-In Refrigerator Units (Number)	Description of Walk-In Freezer Units (Text)
Is there a bulk ice machine available <input type="radio"/> Yes <input type="radio"/> No	Space Limitation
Number of Hand Sinks Available (Number)	Hood System (Text)
Ventless Equipment (Text)	

PLUMBING

Size and Installation of the water heater? (Text)	Is there a grease Interceptor or grease trap? --Select-- ▼
--	---

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? Will there be a grease receptacle?
--Select-- --Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received Date HACCP Approved by the State
 Yes No
Date HACCP Plan Submitted HACCP Plan Approved
HACCP Plan Review Plan Review Letter Mailed
HACCP Plan Revision Submitted HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring Kitchen Cove Base
--Select-- --Select--
Storage - Food Storage Flooring Storage - Food Storage Cove
--Select-- --Select--
Utensil Washing Area Flooring Utensil Washing Area Cove
--Select-- --Select--
Dressing / Locker Room Flooring Dressing / Locker Room Cove
--Select-- --Select--
Toilet Area Flooring Toilet Area Cove
--Select-- --Select--
Walk-in Refrigerator Flooring Walk-in Refrigerator Cove
--Select-- --Select--
Kitchen Walls Utensil Washing Area Walls
--Select-- --Select--
Restroom Walls Are Kitchen Ceilings tiles smooth non-fiberglass backing?
--Select-- Yes No
Are ceiling rafters exposed? Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
 Yes No Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.
 Yes No (Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner
--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect B. Contour plan included
--Select-- --Select--
C. Top and sectional views provided Comments
--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches
--Select-- --Select--
C. Fence pickets or barrier openings do not exceed 4 inches D. A barrier with horizontal members less than 45 inches apart measured top to top does not have
--Select-- --Select--
1. vertical openings > 1-3/4 inches in width 2. horizontal members on the outside of the fence
--Select-- --Select--
E. The barrier main access gate: 1. is located toward the shallow end of the pool
--Select--
2. has a latch release at least 54 inches from grade level and is lockable 3. minimum width of 4 feet and is hung to open away from the pool or spa
--Select-- --Select--

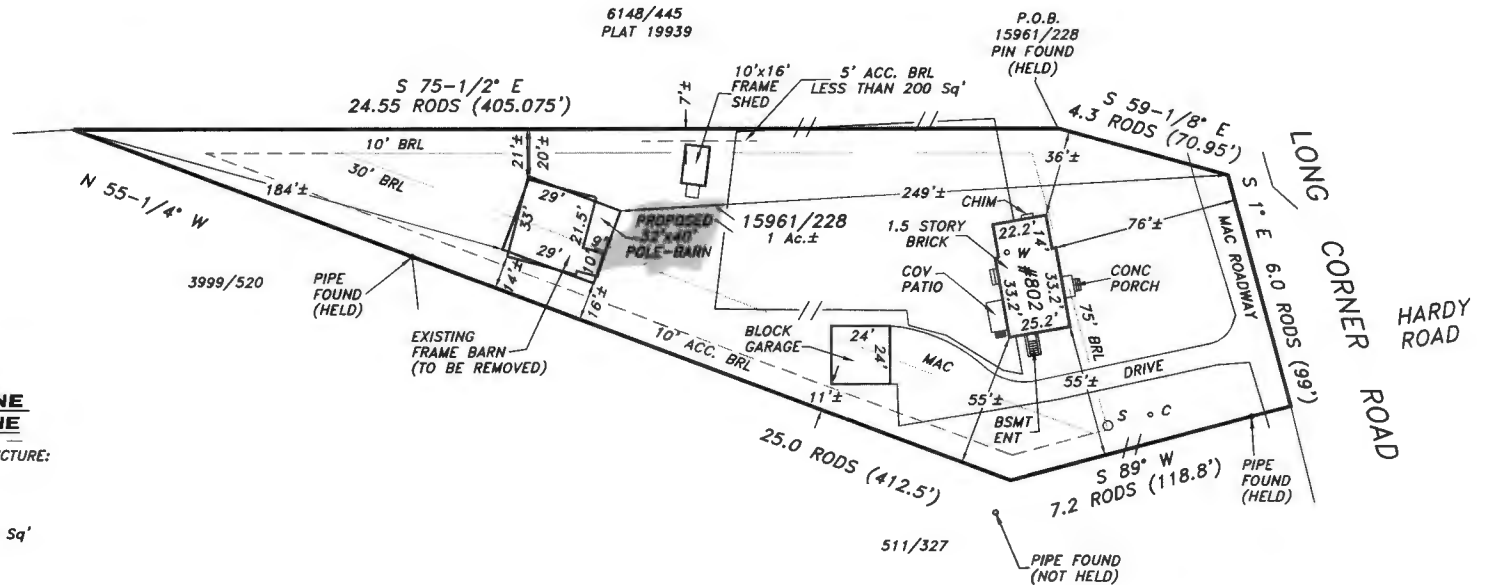
NOTE: THE FENCE APPEARS TO LIE AT, NEAR, OR OVER THE PROPERTY LINE.

LEGEND

- WATER WELL ○ W
- (IN BASEMENT)
- CLEAN-OUT ○ C
- SEPTIC COVER ○ S
- FENCE _____

BUILDING SQUARE-FOOTAGE

- EXISTING BRICK DWELLING 1,147 Sq'±
- EXISTING BLOCK GARAGE 576 Sq'±
- EXISTING FRAME SHED 160 Sq'±
- EXISTING FRAME BARN 1,055 Sq'±
- (TO BE REMOVED)
- PROPOSED POLE BARN 1,280 Sq'±



BUILDING RESTRICTION LINE INFORMATION RC-DEO ZONE

- | | |
|--------------------------|-----------------------------|
| PRIMARY DWELLING: | ACCESSORY STRUCTURE: |
| FRONT: 75' | FRONT: 75' |
| REAR: 30' | REAR: 10' |
| SIDE: 10' | SIDE: 10' |
| | SIDE*: 5' |
| | *LESS THAN 200 Sq' |

GENERAL NOTES:

- 1) THE ACCURACY OF THE DISTANCES SHOWN FROM ANY STRUCTURE TO ANY APPARENT PROPERTY LINE IS 6"±.
- 2) THIS DRAWING DOES NOT REPRESENT A BOUNDARY SURVEY. ANY PROPERTY MARKERS LABELED HEREON ARE NOT GUARANTEED BY NTT ASSOCIATES, INC.
- 3) THE DESCRIPTION IN DEED 15961/228 FAILS TO CLOSE BY 5"±.
- 4) CONFLICTING FIELD EVIDENCE FOUND.
- 5) THE SUBJECT AND NEIGHBORING PROPERTIES ARE ZONED RC-DEO.
- 6) THE EXISTING WELL IS LOCATED IN THE BASEMENT OF THE HOUSE.
- 7) NO NEIGHBORING WELLS OR SEPTIC COMPONENTS WERE OBSERVED WITHIN 100' OF THE SUBJECT PROPERTY.
- 8) THE BUILDING RESTRICTION LINES SHOWN WERE DERIVED FROM THE RC-DEO ZONING REGULATIONS. (SEE CHART)
- 9) THERE ARE NO PAINTED PARKING SPACES.
- 10) TAX MAP 6, GRID 6, PARCEL 44
- 11) THE SUBJECT PROPERTY IS AT THE INTERSECTION OF LONG CORNER ROAD AND HARDY ROAD.
- 12) PROPOSED 32'x40' POLE-BARN TO BE 23' 7-9/16" TO ROOF PEAK.

OWNER:
 AMANDA F. HAAPALA
 802 LONG CORNER ROAD
 MOUNT AIRY, MARYLAND 21771
 (A.K.A. AMANDA F. HAAPALA CHALK)

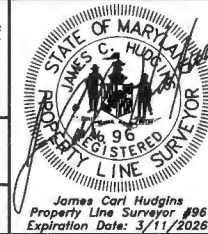
PETITIONER:
 GARY D. CHALK
 802 LONG CORNER ROAD
 MOUNT AIRY, MARYLAND 21771
 (443) 630-5319
 GARY_DEAN_C@YAHOO.COM

ATTORNEY:
 SEAN P. HUGHES
 LAW OFFICES OF MILLER, MILLER & CANBY
 200-B MONROE STREET
 ROCKVILLE, MD 20850
 (301) 762-5212
 SPHUGHES@MMCANBY.COM

The purpose of this drawing is to locate, describe, and represent the positions of existing and proposed buildings and substantial improvements affecting the property shown hereon, being known as #802 LONG CORNER ROAD as described in a deed dated December 29, 2014 from Larry W. Anderson and Frederick A. Anderson, Successor Trustees of the Anderson Family Irrevocable Trust to Amanda F. Haapala recorded among the Land Records of Howard County, Maryland in Liber 15961, folio 228.

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.

Subject property is shown in Zone X on the FIRM Map of Howard County, Maryland on Community Panel Number 24027C0010D, effective 11/06/2013.



RESIDENTIAL VARIANCE PLAN
 802 LONG CORNER ROAD
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale: 1" = 50'
 Date: 5/5/2025
 Field By: RMS KSW
 Drawn By: SCK
 File No.: MISC 16163
 Page No.: 1 of 1



Name: Amanda Haapala Chalk
Street Address: 802 Long Corner rd.
City, State, Zip: Mount Airy, MD 21771
Date: July 24, 2025

Amendment, Permit # B24002947

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

Dear Ms. Whalen:

I am requesting to amend **Permit #** B24002947 **at**
802 Long Corner rd. Mount Airy, MD 21771 **to**

-Change the "description of work" to Demolish and Remove existing outbuilding structure and construct new 32 x40 pole barn and pour new 32 x 40 concrete pad / foundation.

-please reference Variance application# BA-25-012V

-Building plans attached

Enclosed:

- Fee:** _____
- Plot Plans**
- Sets of Construction Drawings**
- Other:** line drawing for proposed plan

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

Sincerely,

Name: _____
Title: _____
Phone: _____
Email: _____