IN RE: PETITION FOR ADMIN. VARIANCE \\\^* (4203 Green Glade Road)

10th Election District

3rd Council District

William L. & Eleanor C. Schneider

Petitioners

BEFORE THE

OFFICE OF ADMINISTRATIVE

HEARINGS FOR

BALTIMORE COUNTY

CASE NO. 2017-0245-A

OPINION AND ORDER

This matter comes before the Office of Administrative Hearings (OAH) as a Petition for Administrative Variance filed by the legal owners of the property, William L. & Eleanor C. Schneider ("Petitioners"). The Petitioners are requesting Variance relief from §§ 400.1 and 400.3 of the Baltimore County Zoning Regulations (B.C.Z.R.), to permit an accessory garage with a carport open on one side in the front and side yard with a height of 18 ft. in lieu of the permitted rear yard and 15 ft. The subject property and requested relief is more fully depicted on the site plan that was marked and accepted into evidence as Petitioners' Exhibit 1.

The Zoning Advisory Committee (ZAC) comments were received and are made part of the record of this case. A ZAC comment was submitted by the Department of Environmental Protection and Sustainability (DEPS), dated March 30, 2017, indicating their review (Forest Conservation and Ground Water Management) and conditions of Petitioners' zoning request.

The Petitioners having filed a Petition for Administrative Variance and the subject property having been posted on March 25, 2017, and there being no request for a public hearing, a decision shall be rendered based upon the documentation presented.

The Petitioners have filed the supporting affidavits as required by Section 32-3-303 of the Baltimore County Code (B.C.C.). Based upon the information available, there is no evidence in ORDER RECEIVED FOR FILING

Date	4-14-17
Bv	19W

the file to indicate that the requested variance would adversely affect the health, safety or general welfare of the public and should therefore be granted. In the opinion of the Administrative Law Judge, the information, photographs, and affidavits submitted provide sufficient facts that comply with the requirements of Section 307.1 of the B.C.Z.R. Furthermore, strict compliance with the B.C.Z.R. would result in practical difficulty and/or unreasonable hardship upon the Petitioners.

Although the Department of Planning did not make any recommendations related to the accessory garage with carport's height and usage, I will impose conditions that it shall not be converted into a dwelling unit or apartment, not contain any sleeping quarters, living area, kitchen or bathroom facilities, nor used for commercial purposes.

Pursuant to the posting of the property and the provisions of both the Baltimore County Code and the Baltimore County Zoning Regulations, and for the reasons given above, the requested variance should be granted.

THEREFORE, IT IS ORDERED, this <u>14th</u> day of April, 2017, by the Administrative Law Judge for Baltimore County, that the Petition for Variance relief from §§ 400.1 and 400.3 of the Baltimore County Zoning Regulations (B.C.Z.R.), to permit an accessory garage with a carport open on one side in the front and side yard with a height of 18 ft. in lieu of the permitted rear yard and 15 ft., be and is hereby GRANTED.

The relief granted herein shall be subject to the following:

- Petitioners may apply for their appropriate permits and be granted same upon receipt of this Order; however, Petitioners are hereby made aware that proceeding at this time is at their own risk until such time as the 30-day appellate process from this Order has expired. If, for whatever reason, this Order is reversed, Petitioners would be required to return, and be responsible for returning, said property to its original condition.
- Building materials for the garage/carport addition shall be compatible with those of the existing principal dwelling.

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- Petitioners or subsequent owners shall not convert the accessory garage/carport into a dwelling unit or apartment. The accessory garage/carport shall not contain any sleeping quarters, living area, and kitchen or bathroom facilities.
- The accessory garage/carport shall not be used for commercial purposes.
- The carport shall not be enclosed at any time.
- Petitioners must comply with the ZAC comment submitted by DEPS, dated March 30, 2017; a copy of which is attached hereto and made a part hereof.

Any appeal of this decision must be made within thirty (30) days of the date of this Order.

JOHN E. BEVERUNGEN Administrative Law Judge for Baltimore County

JEB:dlw

ORDER	RECEIVED FOR FILING
Date	4-14-17
Dv	

BALTIMORE COUNTY, MARYLAND

Inter-Office Correspondence



TO:

Hon. Lawrence M. Stahl; Managing Administrative Law Judge

Office of Administrative Hearings

FROM:

Jeff Livingston, Department of Environmental Protection and

Sustainability (EPS) - Development Coordination

DATE:

March 30, 2017

SUBJECT:

DEPS Comment for Zoning Item

2017-0245-A

Address

4203 Green Glade Road (Schneider Property)

Zoning Advisory Committee Meeting of April 3, 2017.

X The Department of Environmental Protection and Sustainability offers the following comments on the above-referenced zoning item:

X Development of this property must comply with the Forest Conservation Regulations (Sections 33-6-101 through 33-6-122 of the Baltimore County Code).

Additional Comments:

Forest Conservation law may be addressed for the proposed garage and carport project by filing a Single Lot Declaration of Intent with EPS prior to permit approval, provided no more than 20,000 square feet of forest are cleared for this construction.

Also, Ground Water Management must review any future building permit(s) for an accessory structure, since the property is served by well and septic. — Dan Esser

Reviewer:

Glenn Shaffer

Date: March 28, 2017

ORDER RECEIVED FOR FILING

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KEVIN KAMENETZ County Executive

LAWRENCE M. STAHL
Managing Administrative Law Judge
JOHN E. BEVERUNGEN
Administrative Law Judge

April 14, 2017

William L. and Eleanor C. Schneider 4203 Green Glade Road Phoenix, MD 21131

RE: Petition for Administrative Variance

Case No. 2017-0245-A

Property: 4203 Green Glade Road

Dear Petitioners:

Enclosed please find a copy of the Order rendered in the above-captioned matter.

In the event any party finds the decision rendered is unfavorable, any party may file an appeal to the Baltimore County Board of Appeals within thirty (30) days of the date of this Order. For further information on filing an appeal, please contact the Baltimore County Office of Administrative Hearings at 410-887-3868.

Sincerely,

JOHN E. BEVERUNGEN Administrative Law Judge

for Baltimore County

JEB:dlw Enclosure



### ADN....STRATIVE ZONING PETIT N

FOR ADMINISTRATIVE VARIANCE – OR – ADMINISTRATIVE SPECIAL HEARING To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Hearings for Baltimore County for the property located at:

| Address 4203 Green Glade Road Phoenix Maryland 2113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Currently zoned RC-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Deed Reference 382.44 /_00390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10 Digit Tax Account # 1 0 0 8 08 0 4 7 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Owner(s) Printed Name(s) William L Schneider and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Eleanor C Schneider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (SELECT THE HEARING(S) BY MARKING X AT THE APPROPRIATION OF THE APPROPRI | TE SELECTION(S) AND ADDING THE PETITION REQUEST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| For Administrative Variances, the Affidavit on the reve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | erse of this Petition form must be completed and notarized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The undersigned, who own and occupy the property situate in attached hereto and made a part hereof, hereby petition for an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Control of the Contro |
| 1X ADMINISTRATIVE VARIANCE from Section(s) Sections: 400.1; 400.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| of the zoning regulations of Baltimore County, to the zoning la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w of Baltimore County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol> <li> ADMINISTRATIVE SPECIAL HEARING to approve a County Code: (indicate type of work in this space: i.e., to raze</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a waiver pursuant to Section 32-4-107(b) of the Baltimore , alter or construct addition to building)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| of the Baltimore County Code, to the development law of Balti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | more County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Property is to be posted and advertised as prescribed by the zoning regulation I/ we agree to pay expenses of above petition(s), advertising, posting, etc. and Baltimore County adopted pursuant to the zoning law for Baltimore County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Owner(s)/Petitioner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| , 28a - 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | William L Schneider  Name #1 – Type or Print  Name #2 – Type or Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Attorney for Owner(s)/Petitioner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Representative to be contacted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Attorney for Owner(s)/Petitioner(s):  Name-Type or Print  Signature  Mailing Address  City  State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | William L Schneider Name – Type or Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Mailing Address City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4203 Green Glade Road Phoenix MD Mailing Address City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Zip Code Telephone # Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21131 / 443 413-3284 / bill5847@aol.com Zip Code Telephone # Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A PUBLIC HEARING having been formally demanded and/or found to be required by the zoning regulations of Baltimore County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uired, it is ordered by the Office of Administrative Hearings for Baltimore tter of this petition be set for a public hearing, advertised, and re-posted as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CASE NUMBER 2017-0245-A Filing Date 3 16 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Estimated Posting Date 3 126 1 7 Reviewer W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

# Affidavit in Support o dministrative Variance (THIS AFFIDAVIT IS NOT REQUIRED FOR AN HISTORIC ADMINISTRATIVE SPECIAL HEARING)

Address: 4203 Green Glade Road

MARYLAND
My Commission Expires 11:24:2019

The undersigned hereby affirms under the penalties of perjury and upon personal knowledge to the Administrative Law Judge for Baltimore County, that the information herein given is true and correct and that the undersigned is/are competent to testify in the event that a public hearing is scheduled in the future with regard thereto. In addition, the undersigned hereby affirms that the property is not the subject of an active Code Enforcement case and that the residential property described below is owned and occupied by the undersigned.

Phoenix

MD

21131

| Print or Type Address of property                                                     | City                       | State                                                                                                          | Zip Code           |
|---------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------|--------------------|
| Based upon personal knowledge, the followaddinistrative Variance at the above address |                            |                                                                                                                |                    |
| Owners request a garage be built with dimensions 3                                    | 35' by 23' and an attached | carport dimensions 36' b                                                                                       | by 12' to the side |
| of the existing house.                                                                |                            |                                                                                                                |                    |
| we are purchasing an addit additional storage and we                                  | ronal vehicle              | and we req                                                                                                     | uire               |
| additional storage and wi                                                             | orkarca, Ba                | ckyard 15 on                                                                                                   | a steep            |
| Slope and not conducive                                                               | to build on                |                                                                                                                |                    |
|                                                                                       |                            |                                                                                                                |                    |
|                                                                                       |                            | Salara Salar |                    |
|                                                                                       | 1 244                      |                                                                                                                |                    |
|                                                                                       |                            |                                                                                                                |                    |
|                                                                                       |                            |                                                                                                                |                    |
|                                                                                       | Paralle San Control        |                                                                                                                |                    |
| (If additional space for the petition request or t                                    | the above statement is no  | eeded, label and attach i                                                                                      | t to this Form)    |
|                                                                                       |                            |                                                                                                                |                    |
| Miceles Schools                                                                       | 5                          | Ceanor C. Schr                                                                                                 | o, chi             |
| Signature of Owner (Affiant)                                                          |                            | nature of Owner (Affiant)                                                                                      |                    |
| William L Schneider                                                                   | Floa                       | nor C Schneider                                                                                                |                    |
| Name- Print or Type                                                                   |                            | ne- Print or Type                                                                                              |                    |
| Name-Fine of Type                                                                     | Nan                        | ic-1 fill of Type                                                                                              |                    |
| The following information is to be o                                                  | completed by a Notary Pu   | iblic of the State of Mary                                                                                     | rland              |
| 300000000000000000000000000000000000000                                               |                            |                                                                                                                |                    |
| STATE OF MARYLAND, COUNTY OF BAL                                                      | TIMORE, to wit:            |                                                                                                                |                    |
| AR                                                                                    | 100.01 001                 | 7                                                                                                              |                    |
| I HEREBY CERTIFY, this 6 day of                                                       | Malch, 201                 | , before me a Notai                                                                                            | ry of Maryland, in |
| and for the County aforesaid, personally appear                                       |                            |                                                                                                                |                    |
| Print name(s) here: WILLIAM L-SCHH                                                    | (=in = 0                   | 51-1100 0                                                                                                      | 00112/-1/20        |
| Print name(s) here: WILLIAWI L - SCHA                                                 | FIDER and                  | FLEANOR C                                                                                                      | SCHMEIDER          |
| the Affiant(s) herein, personally known or satisf                                     | factorily identified to me | e as such Affiant(s).                                                                                          |                    |
| AS WITNESS my hand and Notaries Seal                                                  | Hoere                      | 00000000                                                                                                       | We -               |
| NOOR R SAMPATHI                                                                       | otary Public               | action of                                                                                                      |                    |
| ROOP R. SAMPATHI  NOTARY PUBLIC                                                       | /1/2                       | 4.2019                                                                                                         |                    |
|                                                                                       | y Commission Expires       |                                                                                                                |                    |

### Affidavit in Support o dministrative Variance

MARYLAND
My Commission Expires 11-24-2019

(THIS AFFIDAVIT IS NOT REQUIRED FOR AN HISTORIC ADMINISTRATIVE SPECIAL HEARING)

The undersigned hereby affirms under the penalties of perjury and upon personal knowledge to the Administrative Law Judge for Baltimore County, that the information herein given is true and correct and that the undersigned is/are competent to testify in the event that a public hearing is scheduled in the future with regard thereto. In addition, the undersigned hereby affirms that the property is not the subject of an active Code Enforcement case and that the residential property described below is owned and occupied by the undersigned.

| Address:                   | Print or Type Address of property                                        | Phoenix                          | MD<br>State                                | 21131<br>Zip Code          |
|----------------------------|--------------------------------------------------------------------------|----------------------------------|--------------------------------------------|----------------------------|
|                            | oon personal knowledge, the rative Variance at the above                 | _                                |                                            |                            |
| of the exist               | quest a garage be built with dimenting house.                            |                                  |                                            |                            |
| and                        | ge and work area not conductive to bu                                    | . Back yard is                   | on steep slop                              | e douniword                |
|                            |                                                                          |                                  |                                            |                            |
|                            |                                                                          |                                  |                                            |                            |
|                            | tional space for the petition requi                                      | est or the above statemen        | it is needed, label and attach             |                            |
| Signature of               | of Owner (Affiant)                                                       |                                  | Signature of Owner (Affiant                |                            |
| William L So<br>Name- Prin |                                                                          |                                  | Eleanor C Schneider<br>Name- Print or Type |                            |
|                            | The following information is                                             | to be completed by a Nota        | ary Public of the State of Mar             | yland                      |
| I HEREB                    | F MARYLAND, COUNTY OF Y CERTIFY, this 6                                  | lay of Maich, 2<br>appeared:     |                                            |                            |
| Print name(s) he           | ere: WILLIAM L. S                                                        | CHNEIDER and                     | LELEANOR C.S                               | CHNEIDER                   |
|                            | (s) herein, personally known of                                          | I Salah                          | to me as such Affiant(s).                  | A management of the second |
| N                          | OOP R. <b>SAMPATHI</b><br>IOTARY <b>PUBLIC</b><br>.TIMOR <b>E COUNTY</b> | Notary Public  My Commission Exp | 242019 //                                  |                            |



Address 4203 Green Glade Road Phoenix Maryland 21131

Deed Reference 382 44 / 00390

Owner(s) Printed Name(s) William L Schneider and Ele

### ADN....STRATIVE ZONING PETIT N

FOR ADMINISTRATIVE VARIANCE – OR – ADMINISTRATIVE SPECIAL HEARING To be filed with the Department of Permits, Approvals and Inspections

Eleanor C Schneider

Currently zoned RC5

10 Digit Tax Account # 1 0 0 8 0 8 0 4

To the Office of Administrative Hearings for Baltimore County for the property located at:

| (SELECT THE HEARING(S) BY MARKING $X$ AT THE APPROPRIA                                                                                                                                                                                                                                                        | TE SELECTION(S) AND ADDING THE PETITION REQUEST)                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Administrative Variances, the Affidavit on the rev                                                                                                                                                                                                                                                        | erse of this Petition form must be completed and notarized.                                                                                                   |
| The undersigned, who own and occupy the property situate in attached hereto and made a part hereof, hereby petition for a                                                                                                                                                                                     |                                                                                                                                                               |
| feet in lieu of the permitted rear yard and 15 of the zoning regulations of Baltimore County, to the zoning la                                                                                                                                                                                                | aw of Baltimore County.                                                                                                                                       |
| County Code: (indicate type of work in this space: i.e., to raze                                                                                                                                                                                                                                              | a waiver pursuant to Section 32-4-107(b) of the Baltimore                                                                                                     |
| of the Baltimore County Code, to the development law of Balt<br>Property is to be posted and advertised as prescribed by the zoning regulation<br>(we agree to pay expenses of above petition(s), advertising, posting, etc. and<br>Baltimore County adopted pursuant to the zoning law for Baltimore County. | ns.                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                               | Owner(s)/Petitioner(s):                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                               | William L Schneider  Name #1 – Type or Print  Name #2 – Type or Print                                                                                         |
|                                                                                                                                                                                                                                                                                                               | Signature #1 Signature #2                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                               | 4203 Green Glade Road Phoenix Md<br>Mailing Address City State                                                                                                |
|                                                                                                                                                                                                                                                                                                               | 21131 / 410 583-5847 / bill5847@aol.com Zip Code Telephone # Email Address                                                                                    |
| Attorney for Owner(s)/Petitioner(s):                                                                                                                                                                                                                                                                          | Representative to be contacted:                                                                                                                               |
| Attorney for Owner(s)/Petitioner(s):  Name- Type or Print  Signature  Mailing Address  State                                                                                                                                                                                                                  | William L Schneider Name – Type or Print  Www. Signature                                                                                                      |
| Mailing Address State                                                                                                                                                                                                                                                                                         | 4203 Green Glade Road Phoenix MD Mailing Address City State                                                                                                   |
| Date / / / / / / / / / / / / / / / / / / /                                                                                                                                                                                                                                                                    | 21131 / 443 413-3284 / bill5847@aol.com<br>Zip Code Telephone # Email Address                                                                                 |
| A PUBLIC HEARING having been formally demanded and/or found to be required by the zoning regulations of Baltimore County.                                                                                                                                                                                     | quired, it is ordered by the Office of Administrative Hearings for Baltimore atter of this petition be set for a public hearing, advertised, and re-posted as |
| Adminis                                                                                                                                                                                                                                                                                                       | strative Law Judge for Baltimore County                                                                                                                       |
| CASE NUMBER 2017-0245-A Filing Date 3 116 201                                                                                                                                                                                                                                                                 | Estimated Posting Date 3 1261 17 Reviewer W                                                                                                                   |

## **ZONING PETITION PROPERTY DESCRIPTION**

المريد بـ ا

Zoning Property Description for <u>4203 Green Glade Road, Phoenix MD</u> <u>21131</u>

Beginning at a point on the SW side of Green Glade Road which is 20 feet wide at a distance of 1126 ft., NE of the centerline of the nearest improved intersecting street, Green Glade Court which is 60 ft. wide.

Thence the following courses and distances:

- 1) Point of Beginning......North 67 degrees 22 minutes East 100 ft.
- 2) North 61 degrees 28 minutes East 208 ft.
- 3) South 20 degrees 33 minutes East 872.79 ft.
- 4) South 27 degrees 27 minutes West 200 ft.
- 5) North 42 degrees 17 minutes West 516.63 ft.
- 6) North 16 degrees 37 minutes West 495.36 ft. back to the point of beginning as recorded in <u>Deed Liber 38244</u>, <u>Folio 00390</u>, containing <u>6.25 ac</u>. Located in the <u>10<sup>th</sup> Election District</u> and <u>3<sup>rd</sup> Council District</u>.

| OFFIC            | E OF BUI | DGET AN            | <b>JARYLAN</b><br>D FINANC<br>I RECEIPT | E              |             | Date:    | ,            | 148675   | PAID RECEIPT  BUSINESS ACTUAL TIME NAW  3/16/2017 3/16/2017 09/46/38 S  RED USOS WALKIN LINE |
|------------------|----------|--------------------|-----------------------------------------|----------------|-------------|----------|--------------|----------|----------------------------------------------------------------------------------------------|
|                  |          |                    |                                         | Rev<br>Source/ | Sub<br>Rev/ |          | 7            | /        | DEPT 5 528 ZONNE VERNIGATION                                                                 |
| Fund             | Dept     | Unit               | Sub Unit                                |                |             | Dept Obj | BS Acct      | Amount   | CR NO. 148675                                                                                |
| 001              | 806      | 0000               |                                         | 6150           |             |          |              | 75.00    | Recpt Tot V/5.00                                                                             |
|                  | <u> </u> |                    | <u> </u>                                |                | ļ           |          |              | _        | \$75.00 C) \$.00 Fi.                                                                         |
|                  |          |                    |                                         |                |             |          |              | ·        | Baltisore County, Harzland                                                                   |
| Rec<br>From:     | ·        | Sch                | l neide                                 | ر              |             | Total:   |              | 75.00    |                                                                                              |
| For:             | 4203     | GRECO              | u Glad                                  | e Ra           | /           | •        |              |          |                                                                                              |
| ;<br>            |          |                    |                                         |                | <del></del> | 20       | <u> 17-0</u> | 245-A    |                                                                                              |
| <u>DISTRIB</u> L | JTION    |                    |                                         |                |             |          |              |          | CASHIER'S<br>VALIDATION                                                                      |
|                  | CASHIER  | PINK - AGI<br>PLEA | ÈNCY<br>SE PRES                         |                | CUSTOME!    | R        | GOLD - AC    | COUNTING |                                                                                              |

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## **CERTIFICATE OF POSTING**

|      |                                              | Date: 03/25/2017                                                                                     |
|------|----------------------------------------------|------------------------------------------------------------------------------------------------------|
|      |                                              | A alongin in top time. Note in the                                                                   |
| RE:  | Project Name:                                | Administrative Variance                                                                              |
|      | Case Number /PAI Number: 2                   | 2017-0245-A                                                                                          |
|      | Petitioner/Developer: William                | & Eleanor Schneider                                                                                  |
|      | Date of Hearing/Closing: 04/1                | 10/2017                                                                                              |
|      |                                              |                                                                                                      |
| were | •                                            | nalties of perjury that the necessary sign(s) required by law operty located at 4203 Green Glade Rd. |
|      | The sign(s) were posted on $\frac{0}{2}$     | 3/25/2017<br>(Month, Day, Year)                                                                      |
|      |                                              |                                                                                                      |
|      |                                              | John M. allmen_                                                                                      |
|      |                                              | (Signature of Sign Poster)                                                                           |
|      |                                              | John M. Altmeyer                                                                                     |
|      |                                              | (Printed Name of Sign Poster)                                                                        |
|      | ATTACH PHOTOGRAPH OF SIGN POSTED ON PROPERTY | 21722 Orwig Rd.                                                                                      |
|      | HEBE                                         | (Street Address of Sign Poster)                                                                      |
|      |                                              | Freeland, MD. 21053                                                                                  |
|      |                                              | (City State Zin Code of Sign Poster)                                                                 |
|      | See ATTACK                                   | 4E1)                                                                                                 |
|      |                                              | 410-382-6580                                                                                         |
|      |                                              | (Telephone Number of Sign Poster)                                                                    |



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# BALTIMORE COUNTY DEPARTMENT OF PERMITS, APPROVAGE AND INSPECTIONS ZONING REVIEW

### ADMINISTRATIVE VARIANCE INFORMATION SHEET AND DATES

| Case Numbe                       | er 20 ⊓ .                                       | 0245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -A                                                                  | Address _                                | 4203 Ga                                     | cen Gla                                   | de Roa                                    |                                            |
|----------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|---------------------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------------|
|                                  |                                                 | LEUNARI) Planner, P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                          |                                             |                                           |                                           | )-887-3391                                 |
|                                  | l                                               | Planner, P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lease Print Your Na                                                 | me                                       | -<br>- 1 1                                  |                                           |                                           | 11 100                                     |
| Filing Date:                     | 3/16                                            | 0/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Postin                                                              | g Date: _                                | 3/26/17                                     | Closi                                     | ng Date:                                  | 11011P                                     |
| Any contact through the          | made v<br>contact p                             | with this offic<br>person (planno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e regarding<br>er) using the                                        | the status<br>case numl                  | of the addocer.                             | ministrative                              | variance                                  | should be                                  |
| revers<br>repos<br>is aga        | se side o<br>ting mus<br>ain respo              | ST: The petion of this form) and the done on one on the period of the pe | and the petition<br>by by one of the<br>associated o                | oner is res<br>he sign po<br>costs.  The | sponsible fo<br>sters on the<br>e zoning no | r all printing<br>approved<br>tice sign m | g/posting o<br>list and the<br>ust be vis | costs. Any<br>e petitioner<br>ible on the  |
| a form                           | mal requ                                        | The closing da<br>lest for a pub<br>public hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | blic hearing.                                                       | Please 1                                 | understand                                  | that even                                 | if there is                               | feet to file<br>no formal                  |
| comm<br>order<br>within<br>wheth | nissioner<br>that the<br>10 day<br>ner the p    | er the closing  He may: ( matter be set  of the close etition has be by First Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (a) grant the<br>in for a publi<br>sing date if a<br>een granted, ( | requested<br>c hearing.<br>all County    | l relief; (b) o<br>You will re<br>agencies' | deny the re<br>ceive writte<br>comments   | quested re<br>n notificati<br>are recei   | elief; or (c)<br>on, usually<br>ved, as to |
| (whet<br>comm<br>chang           | her due<br>nissioner<br>ged givin<br>d, certifi | UBLIC HEAR to a neighb ), notification g notice of th cation of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or's formal rowill be forw<br>e hearing dat                         | equest or<br>/arded to<br>:e, time ar    | by order or<br>you. The<br>nd location.     | of the zonii<br>sign on th<br>As when th  | ng or dep<br>ne propert<br>ne sign wa     | uty zoning<br>y must be<br>s originally    |
|                                  | •                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Detach                                                             | Along Dotted L                           | ine)                                        |                                           | •                                         | •                                          |
| Petitioner:                      | This Pa                                         | rt of the Forn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n is for the S                                                      | ign Poste                                | r Only                                      |                                           |                                           |                                            |
|                                  |                                                 | USE THE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )<br>OMINISTRAT                                                     | IVE VARI                                 | ANCE SIGN                                   | FORMAT                                    | ^                                         |                                            |
| Case Numbe                       | ∋ı 20 ı <b>7</b>                                | 0.245 -A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Addres                                                              | s <u>4203</u>                            | Green                                       | Glade 1                                   | Soad                                      |                                            |
| Petitioner's N                   | Name <u>/</u> ∕                                 | Illiam & El                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LEANOR SCI                                                          | LNeideR                                  | · 'To                                       | elephone _                                | 410 58                                    | 3-5847                                     |
| Posting Dat                      | :e:                                             | 3/26/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Clo                                      | sing Date:                                  | 4/10                                      | 117                                       | <u> </u>                                   |
| Wording for                      | Sign:                                           | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nit an accessor                                                     | y garage w                               | ith a carport o                             | open on one                               | side in the                               |                                            |
| <del></del>                      |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | •                                        | · · · · · · · · · · · · · · · · · · ·       |                                           |                                           |                                            |



KEVIN KAMENETZ County Executive ARNOLD JABLON
Deputy Administrative Officer
Director, Department of Permits,
Approvals & Inspections

April 11, 2017

William L & Eleanor C Schneider 4203 Green Glade Road Phoenix MD 21131

RE: Case Number: 2017-0245 A, Address: 4203 Green Glade Road

Dear Mr. & Ms. Schneider:

The above referenced petition was accepted for processing **ONLY** by the Bureau of Zoning Review, Department of Permits, Approvals, and Inspection (PAI) on March 16, 2017. This letter is not an approval, but only a **NOTIFICATION**.

The Zoning Advisory Committee (ZAC), which consists of representatives from several approval agencies, has reviewed the plans that were submitted with your petition. All comments submitted thus far from the members of the ZAC are attached. These comments are not intended to indicate the appropriateness of the zoning action requested, but to ensure that all parties (zoning commissioner, attorney, petitioner, etc.) are made aware of plans or problems with regard to the proposed improvements that may have a bearing on this case. All comments will be placed in the permanent case file.

If you need further information or have any questions, please do not hesitate to contact the commenting agency.

Very truly yours,

W. Carl Richards, Jr. Supervisor, Zoning Review

WCR: jaw

Enclosures

c: People's Counsel

### 20BALTIMORE COUNTY, MARYLAND

#### INTEROFFICE CORRESPONDENCE

TO:

Arnold Jablon, Director

**DATE:** April 5, 2017

Department of Permits, Approvals

And Inspections

FROM:

Dennis A. Kennedy, Supervisor

Bureau of Development Plans Review

SUBJECT:

Zoning Advisory Committee Meeting

For April 03, 2017

Item No. 2017-0244, 0245, 0249, 0251, 0254 and 0255

The Bureau of Development Plans Review has reviewed the subject zoning items and we have no comment.

DAK:CEN
cc:file
G:\DevPlanRev\ZAC -No Comments\ZAC04032017.doc





Larry Hogan, Governor Boyd K. Rutherford, Lt. Governor Pete K. Rahn, Secretary Gregory C. Johnson, P.E., Administrator

Date: 3/27/17

Ms. Kristen Lewis
Baltimore County Office of
Permits and Development Management
County Office Building, Room 109
Towson, Maryland 21204

Dear Ms. Lewis:

Thank you for the opportunity to review your referral request on the subject of the Case number referenced below. We have determined that the subject property does not access a State roadway and is not affected by any State Highway Administration projects. Therefore, based upon available information this office has no objection to Baltimore County Zoning Advisory Committee approval of Case No. 2017-0245-A

Administrative Varionce - William L. & Eleanor C. Schneider 4203 Green Glade Road.

Should you have any questions regarding this matter, please contact Mr. Richard Zeller at 410-229-2332 or 1-866-998-0367 (in Maryland only) extension 2332, or by email at (rzeller@sha.state.md.us).

Sincerely,

Wendy Wolcott, PLA

Metropolitan District Engineer - District 4

**Baltimore & Harford Counties** 

WW/RAZ

### **BALTIMORE COUNTY, MARYLAND**

### **Inter-Office Correspondence**



TO:

Hon. Lawrence M. Stahl; Managing Administrative Law Judge

Office of Administrative Hearings

FROM:

Jeff Livingston, Department of Environmental Protection and

Sustainability (EPS) - Development Coordination

DATE:

March 30, 2017

SUBJECT:

**DEPS Comment for Zoning Item** 

# 2017-0245-A

Address

4203 Green Glade Road (Schneider Property)

Zoning Advisory Committee Meeting of April 3, 2017.

X The Department of Environmental Protection and Sustainability offers the following comments on the above-referenced zoning item:

X Development of this property must comply with the Forest Conservation Regulations (Sections 33-6-101 through 33-6-122 of the Baltimore County Code).

#### **Additional Comments:**

Forest Conservation law may be addressed for the proposed garage and carport project by filing a Single Lot Declaration of Intent with EPS prior to permit approval, provided no more than 20,000 square feet of forest are cleared for this construction.

Also, Ground Water Management must review any future building permit(s) for an accessory structure, since the property is served by well and septic. – Dan Esser

Reviewer:

Glenn Shaffer

Date: March 28, 2017

#### MEMORANDUM

DATE:

May 16, 2017

TO:

Zoning Review Office

FROM:

Office of Administrative Hearings

RE:

Case No. 2017-0245-A - Appeal Period Expired

The appeal period for the above-referenced case expired on May 15, 2017. There being no appeal filed, the subject file is ready for return to the Zoning Review Office and is placed in the 'pick up box.'

c: Case File

Office of Administrative Hearings

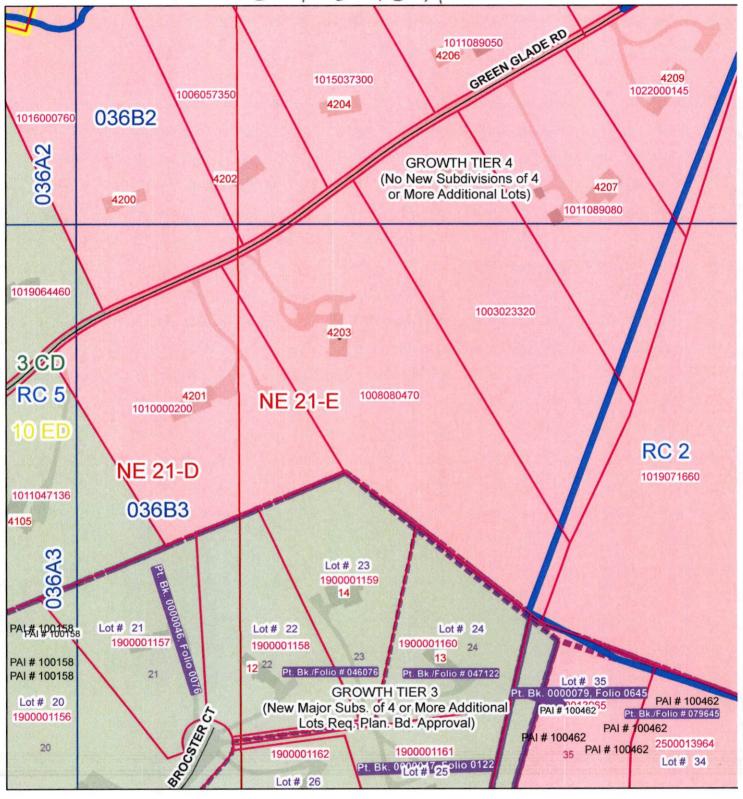
### Real Property Data Search

### Search Result for BALTIMORE COUNTY

| View M                                 | ар          | V       | iew GroundRei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt Red      | emption           |                    |        | View Groun    | ndRent Regist          | ration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Account                                | Identifie   |         | District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 10 A      | ccount N          | umber - 1008       | 30804  | 70            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Owner N                                | ame:        |         | A STATE OF THE PARTY OF THE PAR |             | WILLIAM           | Use:               | nal Da | esidence:     | RESIDENT<br>YES        | ΓIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SCHNEIDE Wailing Address: 4203 GREE    |             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                   |                    |        | 300           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Maining 7                              | addices.    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 21131-17          |                    | CICIC  | 51100.        | /38244/ 00             | 390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Premise                                | s Addres    | s:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | GLADE R           | D Legal            | Desci  | ription:      | 6.25 AC S              | ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                        |             | PHOEN   | IX 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 131-1705    |                   |                    |        | 3100 E MA     | ANOR RD                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Мар:                                   | Grid:       | Parcel  | l: Sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Subc        | division:         | Section:           | Bloc   | k: Lot:       | Assessmen              | t Plat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ************************************** |             |         | District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   |                    |        |               | Year:                  | No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 0036                                   | 0015        | 0132    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0000        |                   |                    |        |               | 2017                   | Plat<br>Ref:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Specia                                 | l Tax Are   | as.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Т                 | own:               |        |               | NONE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Opeoia                                 | II IUX AIG  | as.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 150               | d Valorem:         |        |               | NONE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Primar                                 | y Structu   | re      | Above Grade I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enclos      | sed Fi            | nished Base        | ment   | Prope         | rty Land               | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Built                                  |             |         | Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   | rea                |        | Area          | 5.0                    | Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Stories                                | s Base      | ment    | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | Exterior          | Full/Half<br>Bath  |        | Garage        | Last Majo<br>Renovatio |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                      | YES         |         | STANDARD<br>UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | SIDING            | 3 full             |        | 1<br>Attached |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Value In          | formation          |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |             |         | Base V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | alue        | Va                | alue               |        | Phase-in As   | ssessments             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 10.10             | s of               |        | As of         | As 0                   | The contract of the contract o |
| Land:                                  |             |         | 175,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ý           |                   | /01/2017<br>75,500 |        | 07/01/2016    | 07/0                   | 1/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                        | ements      |         | 217,600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   | 2,900              |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total:                                 | - Cilicinto |         | 393,100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   | 388,400            |        | 393,100       | 388,                   | 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                        | ential Lan  | nd:     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T.S.        | 50                |                    |        | 0             |                        | .50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                        |             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Transfer          | nformation         |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Seller:                                | ELRICK      | FRED L  | SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Accessed to | Date: 11/         | 10/2016            |        |               | Price: \$440,0         | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                        |             |         | MPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | Deed1: /          | 38244/ 00390       | )      |               | Deed2:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | ELRICK      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Date: 10/         | 28/1998            | ···    |               | Price: \$0             | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                        |             |         | GTH OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   | 13251/ 00249       | )      |               | Deed2:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Seller:                                | HUNTER      | KELVII  | NΗ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | <b>Date</b> : 09/ | 02/1977            |        |               | Price: \$95,00         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Type:                                  | ARMS LE     | NGTH II | MPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | Deed1: /          | 05798/ 00135       | i i    |               | Deed2:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Exemption         | Information        |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Partial E<br>Assessn                   |             |         | Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   | 07/01/             | 2016   |               | 07/01/201              | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| State:<br>Municipa                     | al:         |         | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   | 0.00 0             |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Municipa<br>Tax Ex                     |             |         | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Special NONE      | Tax Recaptu        |        |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# -203 Green Glade Load

2017-0245-A

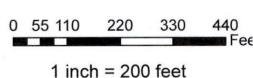


Publication Date: 3/9/2017



Publication Agency: Permits, Approvals & Inspections Projection/Datum: Maryland State Plane, FIPS 1900, NAD 1983/91 HARN, US Foot

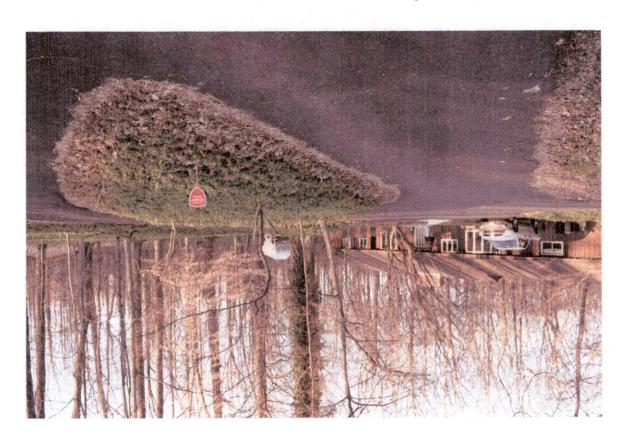


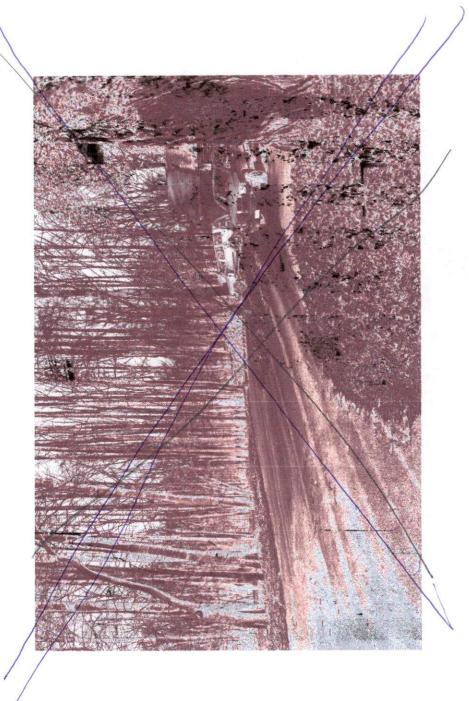


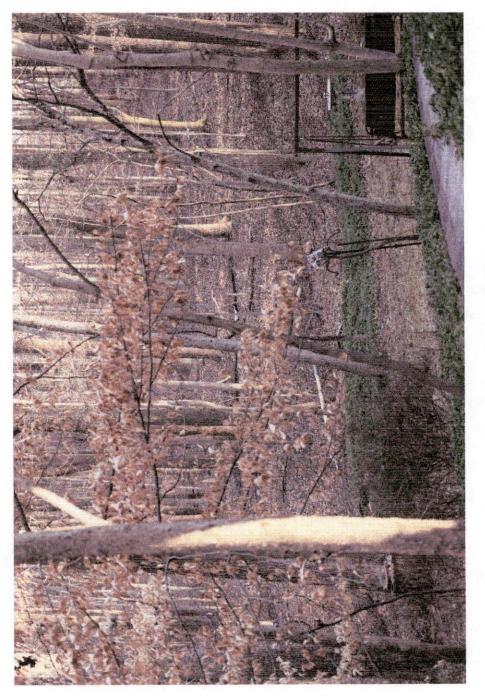


2017-0245-A Lett Sele of House white Hairs ON trees Proposed Garage

View from 1/2 way up denversay.







BACK XARD



1117 -11 UF - A INOKING from proposed site Looking South

