



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received:

9/23/13

Permit No.:

B/3003573

Building Address: 11857 Seagrave Rd
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: 00411 Parcel: 0326 Grid: 0019
Zoning: Map Coordinates: Lot Size: 1.04 AC
Existing Use: SFD
Proposed Use: SFD w/ addition
Estimated Construction Cost: \$ 50,000.00
Description of Work: ADD 1st floor addition
Occupant or Tenant: Occupant
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Jacob J. Jones
Address: 12057 Tenth Rd NE
City: Atlanta State: MS Zip Code: 30404
Phone: 678-758-1786 Fax: 866-731-2366
Email: cubjjs@gmail.com

Property Owner's Name: Jacob J. Jones
Address: 11857 Seagrave Rd
City: Fulton State: MD Zip Code: 20759
Phone: 678-758-1786 Fax: 866-731-2366
Email: cubjjs@gmail.com
Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jacob J. Jones
Address: 12057 Tenth Rd NE
City: Atlanta State: MS Zip Code: 30404
Phone: 678-758-1786 Fax: 866-731-2366
Email: cubjjs@gmail.com
Contractor Company: TBD
Contact Person: Jacob J. Jones
Address: 12057 Tenth Rd NE
City: Atlanta State: MS Zip Code: 30404
License No.:
Phone: Fax:
Email:
Engineer/Architect Company: GCR DESIGN
Responsible Design Prof.: GABRIEL ROBINSON
Address: 231 VAN BUREN ST NW
City: Atlanta State: DC Zip Code: 20011
Phone: 202-424-1196 Fax:
Email: GABRIEL.ROBINSON@GCRMAIL

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

cubjjs@gmail.com

Email Address

Print Name

9/23/13

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1466

ibution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

erations\Updated Forms\Building applmp 8.2012.docx



Building Permit Application

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Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9/23/13
Permit No.: B/3003573

Building Address: 11857 Scaggsville Rd
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 0041 Parcel: 0326 Grid: 0019
Zoning: _____ Map Coordinates: _____ Lot Size: 1.09 Ac

Existing Use: Residential SFD
Proposed Use: Residential SFD w/addition
Estimated Construction Cost: \$ 50,000.00
Description of Work: two story addition to existing garage

Occupant or Tenant: Occupant
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Jacobi Jones
Address: 12057 Tech Rd Ste B
City: Silver Spring State: MD Zip Code: 20904
Phone: 678-758-4786 Fax: 866-721-2366
Email: cobijj@gmail.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: <u>2814</u>	1 st floor: <u>24</u> <u>32</u>
	2 nd floor: <u>31</u> <u>33</u>
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type: _____	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>2</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit # _____	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Jacobi Jones
Address: 11857 Scaggsville Rd
City: Fulton State: MD Zip Code: 20759
Phone: 678-758-1786 Fax: 866-721-2366
Email: cobijj@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jacobi Jones
Address: 12057 Tech Rd Ste B
City: Silver Spring State: MD Zip Code: 20904
Phone: 678-758-4786 Fax: _____
Email: cobijj@gmail.com

Contractor Company: TECH
Contact Person: Jacobi Jones owner
Address: 12057 Tech Rd
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: GCR DESIGN
Responsible Design Prof.: GABRIEL ROBINSON
Address: 231 VAN BUREN ST. NW
City: WASH State: DC Zip Code: 20011
Phone: 202-474-4816 Fax: _____
Email: GABRIEL.ROBINSON@GMAIL

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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Applicant's Signature: Jacobi Jones
Email Address: cobijj@gmail.com

Print Name: Jacobi Jones
Date: 9/23/13
RECEIVED
SEP 23 2013

Title/Company: _____

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1466</u>

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

MD RTE 216
SCAGGSVILLE
ROAD
40' RIGHT-OF-WAY

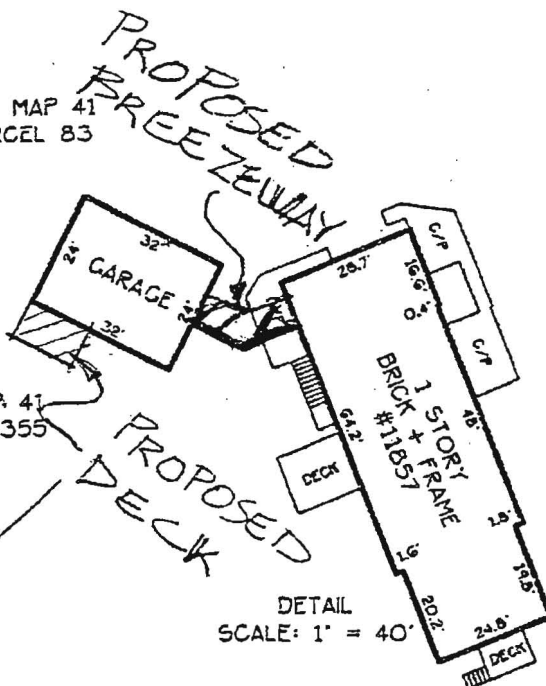
Approved Septic System Plan
Howard County Health Department
B13003573

2-story garage addition
w/ lattice & deck & breezeway

Signature *[Signature]* Date 8/13/14
as shown

Scale
1" = 100'

BRADY ROAD
24' WIDE



DETAIL
SCALE: 1" = 40'

ROBERT + DAWN
DUEA PROPERTY
TAX MAP 41
PARCEL 326
DEED 1670-59

TAX MAP 41
PARCEL 89

TAX MAP 41
PARCEL 355

TAX MAP 41
PARCEL 162

TAX MAP 41
PARCEL 91

TAX MAP 41
PARCEL 92

REVISED
Date: 6/11/14
Comments: B13003573
BREEZEWAY SHOWN

I hereby certify that the improvements shown hereon, to the best of my professional knowledge and ability, have been located by a transit, tape or total-station survey.

[Signature]
FRANCIS B. COLLINSON PLS#10104
LICENSE EXPIRATION DATE 11/9/2013



FILE INQUIRY NOTES

B13003573

[illegible]

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

Date:

6/11/14

JUN 12 2014

To:

Dan Swinder

(Person's Name and Division)

From:

Jacobi Jones (678) 758-1786

(Your Name, Company Name and Telephone Number)

Subject:

Project name JONES RESIDENCE

Project site address

11857 Seagessville Rd Fulton MD

Permit Number

B13003573

SDP #

Other information pertinent to this project

☒ Please check the attachments below that you are submitting with this transmittal:

☐ Letter of response to Howard County plan review code letter

☒ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

☐ Structural steel certification

☐ Energy conservation calculations

☒ Certification for _____ (be specific).

☒ Copies of PLOT PLANS (be specific).

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

☐ Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name)

(678) 758-1786
(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

AKH

PER DAN

CC: DPZ

DED
Heath

white: Plan Review Division

yellow: Applicant

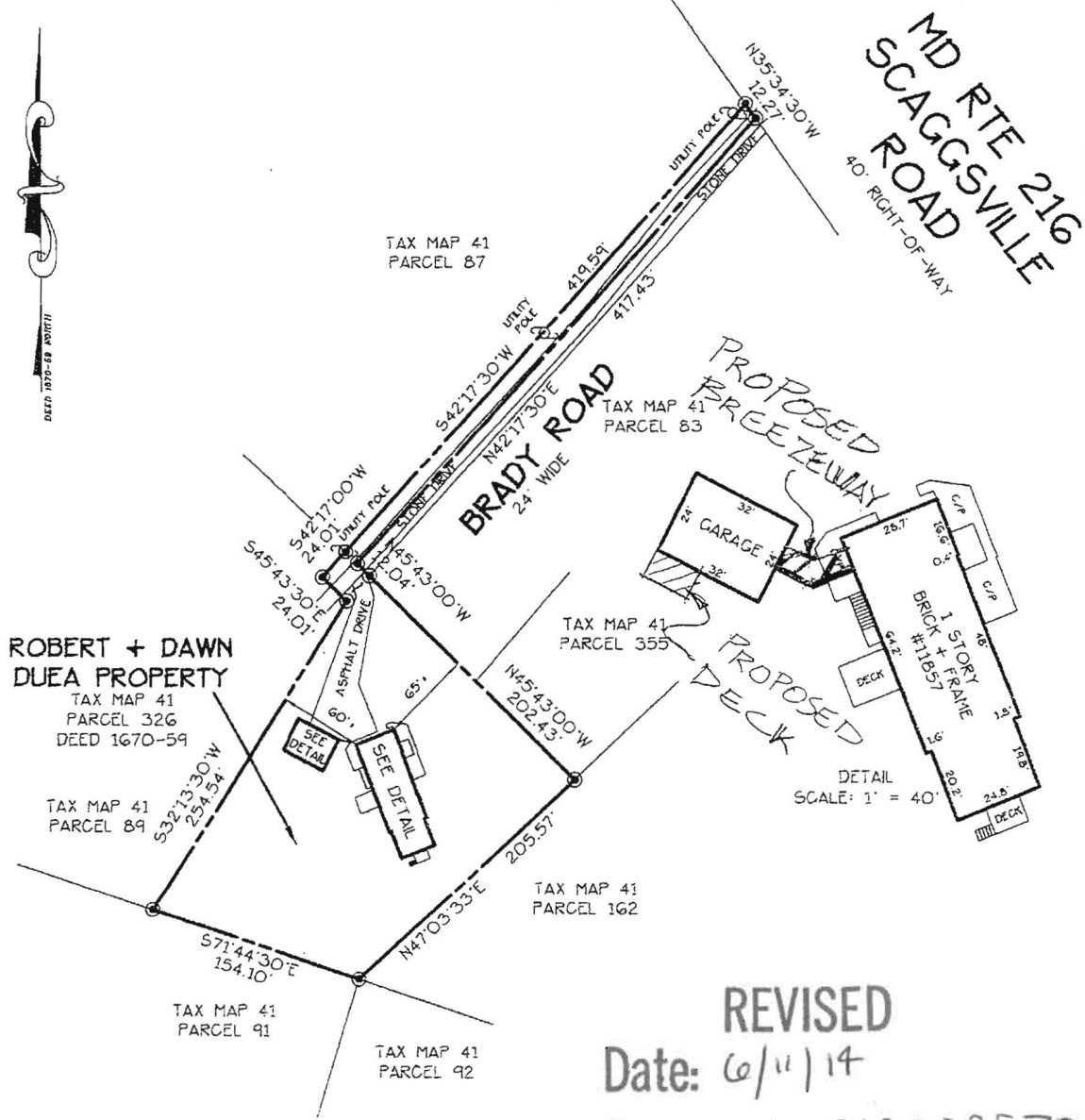
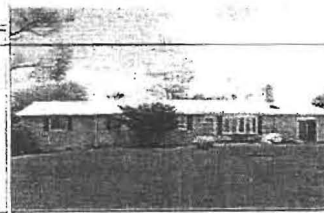
pink: Permit Division

Revision #2

Lakeside

SHEET 1 OF 2

This is a two page document and is not valid without both pages. See page two (or reverse) for Survey Notes.



REVISED

Date: 6/11/14

Comments: B13003573
BREEZEWAY SHOWN

I hereby certify that the improvements shown hereon, to the best of my professional knowledge and ability, have been located by a transit, tape or total-station survey.

Francis B. Collinson

FRANCIS B. COLLINSON PLS#10104 5/14/13
LICENSE EXPIRATION DATE 11/9/2013



11857 SCAGGSVILLE ROAD DEED 1670-59

LOCATION DRAWING
TAX MAP 41 PARCEL 326
ROBERT & DAWN DUEA PROPERTY

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' JUNE 2013



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

Date: 8/8/14
To: Dan Swinder
(Person's Name and Division)
From: Jacobi Jones (678) 758-1786
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 11857 Scaggsville Rd Fulton MD
Permit Number B13003573 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to Howard County plan review code letter
☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
☐ Structural steel certification
☐ Energy conservation calculations
☐ Certification for _____ (be specific).
☐ Copies of _____ (be specific).
☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
☐ Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

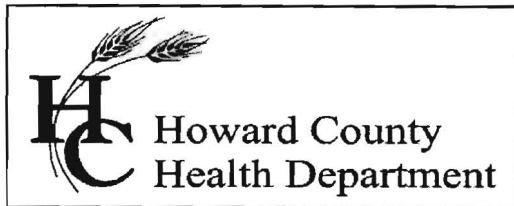
Jacobi Jones (678) 758-1786
(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

Revision # 4

white: Plan Review Division
yellow: Applicant
pink: Permit Division



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

October 15, 2013

To: Jacobi Jones, Applicant
cobijj@gmail.com

RE: B13003573, Building Permit Application for Accessory Apartment at 11857
Scaggsville Road

The status of the referenced Building Permit Application is 'On Hold'.

For the proposal submitted as B13003573, the Accessory Apartment is determined to be a separate dwelling. Therefore, there are two dwellings proposed for the subject property. In accordance Howard County Code [3.805 (A)(2)(XX)B.], there must be a sewage disposal area large enough to accommodate an initial wastewater distribution system and two repair distribution systems for each dwelling, or at least large enough for the combined flow from both dwellings. A current Percolation Certification Plan is required for the Health Department to authorize issue of the building permit. Percolation tests will be required to identify the area of soils suitable for inclusion in the SDA proposed on that Percolation Certification Plan.

Please be advised that the septic system will have to be upgraded, including additional trench absorption area, to accommodate the estimated peak flow(s) for the two dwellings. The upgrade will also have to include a best available technology (BAT) denitrification unit for each dwelling, or a BAT unit for the combined flow of both dwellings.

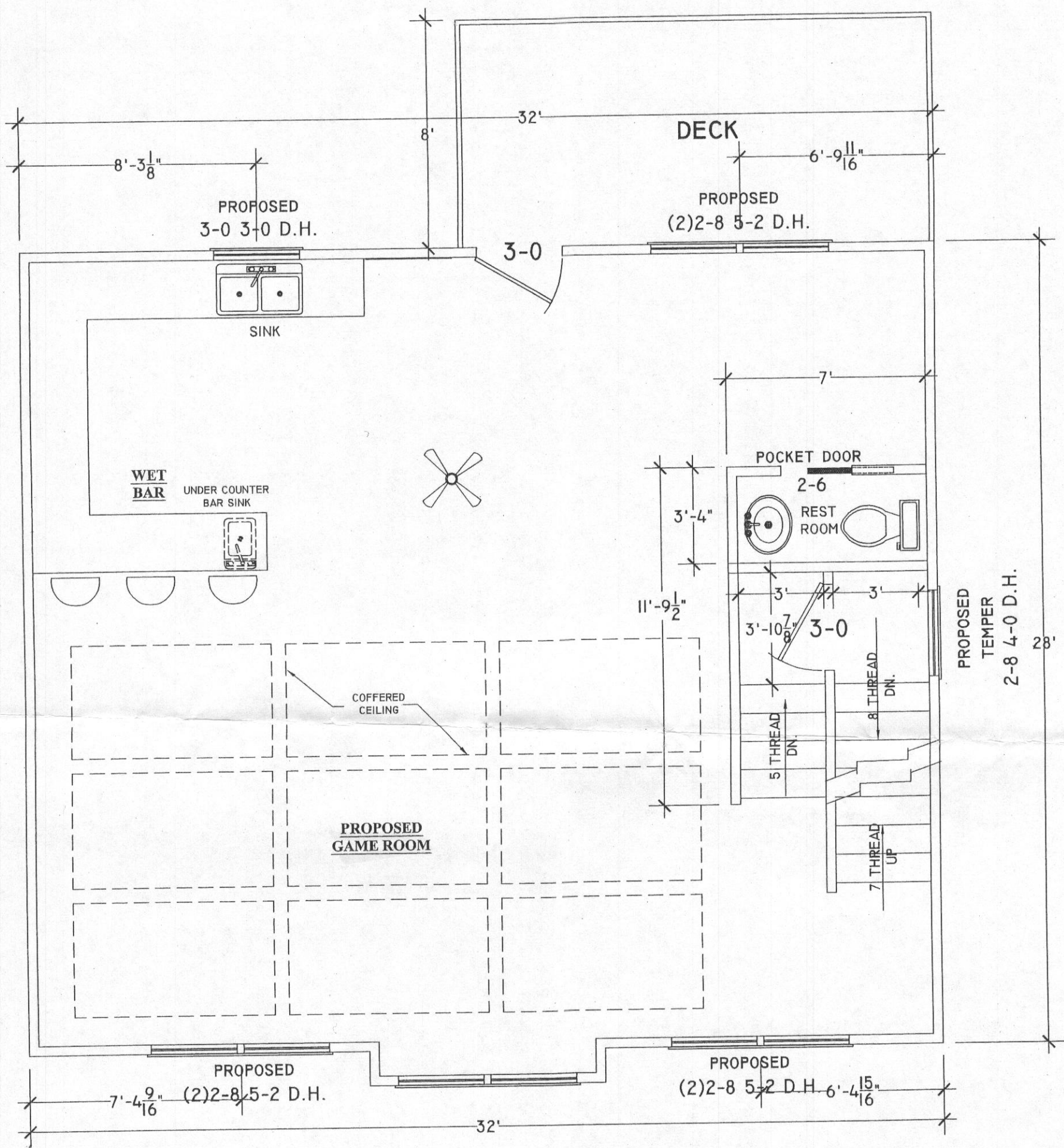
The Health Department anticipates that the proposal will be rejected by the Department of Planning and Zoning. Should you revise your proposal for this property, please know that the Health Department may respond with similar requirements as those stated above. For example, any proposal that includes an increase in the number of bedrooms triggers our requirement to upgrade the septic system to include a BAT unit and additional trench absorption area. Also, an SDA would have to be established. Therefore percolation tests would have to be completed and a Percolation Certification Plan would have to be developed and approved. The septic system upgrade could not be permitted until the Percolation Certification Plan is signed, and the Building Permit Application could not be approved until the septic system upgrade is completed and approved.

You or your representative may schedule a review of an alternate proposal with myself or another Environmental Sanitarian. If you have questions related to these contents you may contact me by 'Reply' or by phone (410-313-2691).

Respectfully,

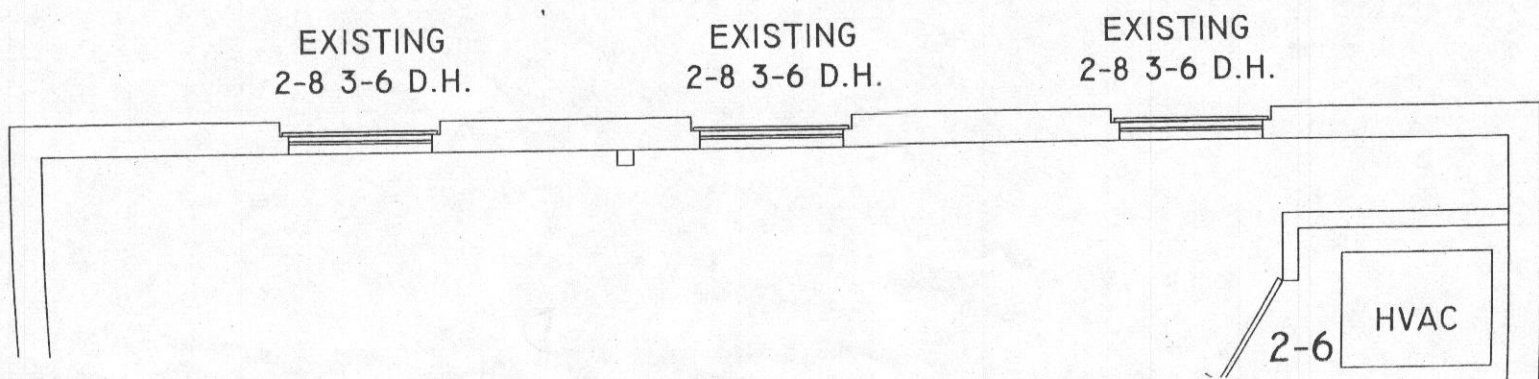
Robert Bricker, REHS/R.S.
Environmental Sanitarian II
Well and Septic Program

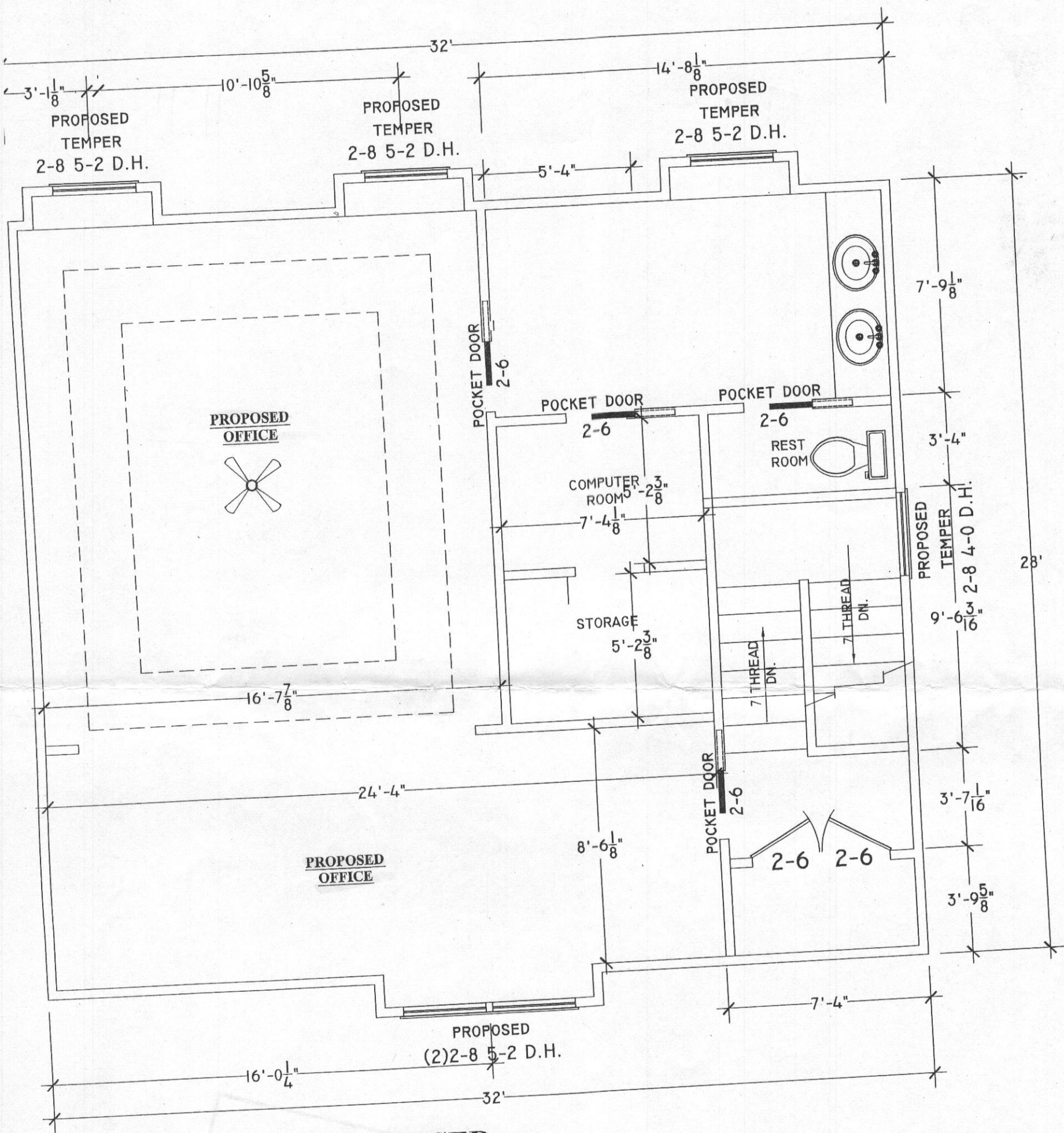
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PROPOSED
2nd STORY FLOOR PLAN
 SCALE : 1/4" = 1'-0"

REVISED
 Date: 5-19-14
 Comments: revise
 Floor plan
 page 2 of 2

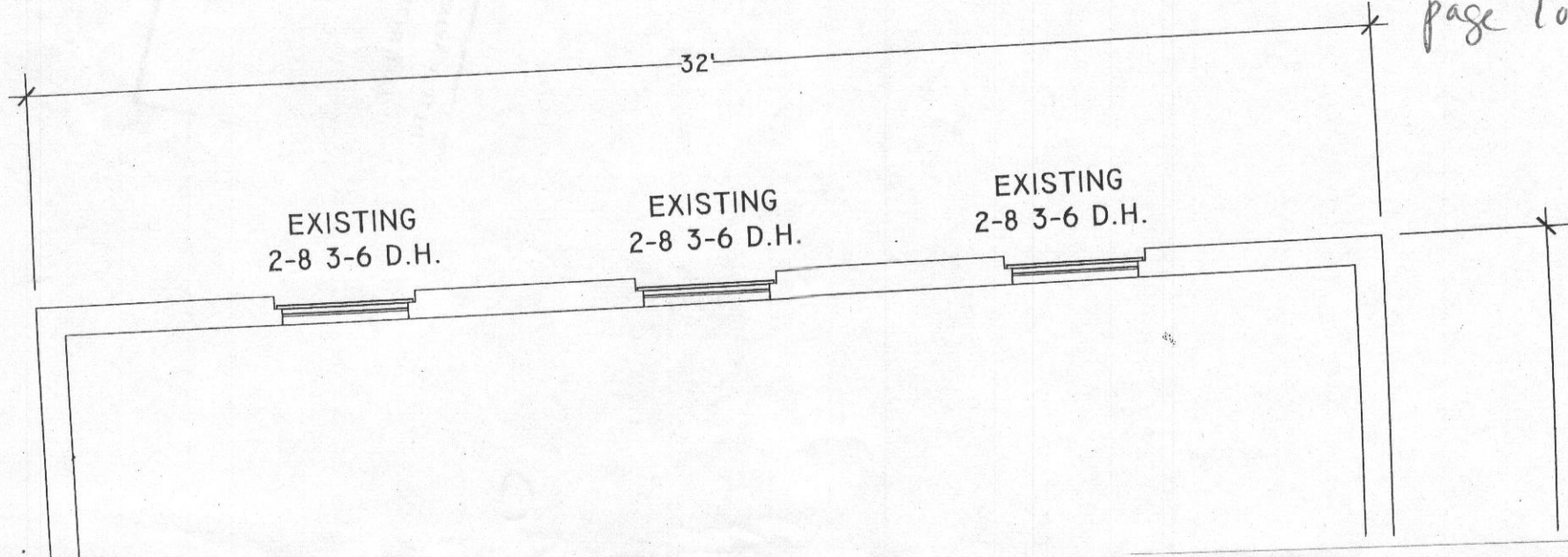




**PROPOSED
ATTIC FLOOR PLAN**
 SCALE : 1/4" = 1'-0"

REVISED
 Date: 5-19-14
 Comments: *revise floor plan*

page 1 of 2



Lakeside

SHEET 1 OF 2

This is a two page document and is not valid without both pages. See page two (or reverse) for Survey Notes.



*B13003573
Plot Plan
See Revision (2/8/2014)*

*2 STORY
ADDITION OVER
EXISTING GARAGE*

**ROBERT + DAWN
DUEA PROPERTY**

TAX MAP 41
PARCEL 326
DEED 1670-59

TAX MAP 41
PARCEL 89

TAX MAP 41
PARCEL 91

TAX MAP 41
PARCEL 92

TAX MAP 41
PARCEL 87

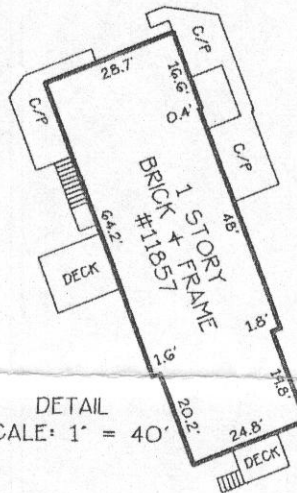
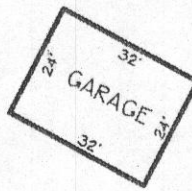
TAX MAP 41
PARCEL 83

TAX MAP 41
PARCEL 355

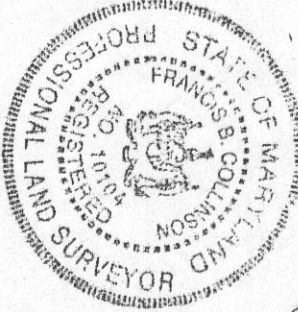
TAX MAP 41
PARCEL 162

BRADY ROAD
24' WIDE

**MD RTE 216
SCAGGSVILLE
ROAD**
40' RIGHT-OF-WAY



DETAIL
SCALE: 1" = 40'

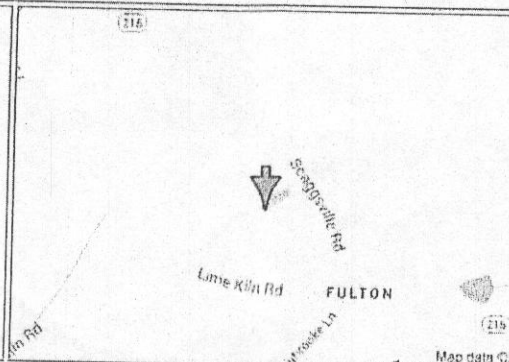


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Francis B. Collinson
FRANCIS B. COLLINSON PLS#10104
LICENSE EXPIRATION DATE 11/9/2013

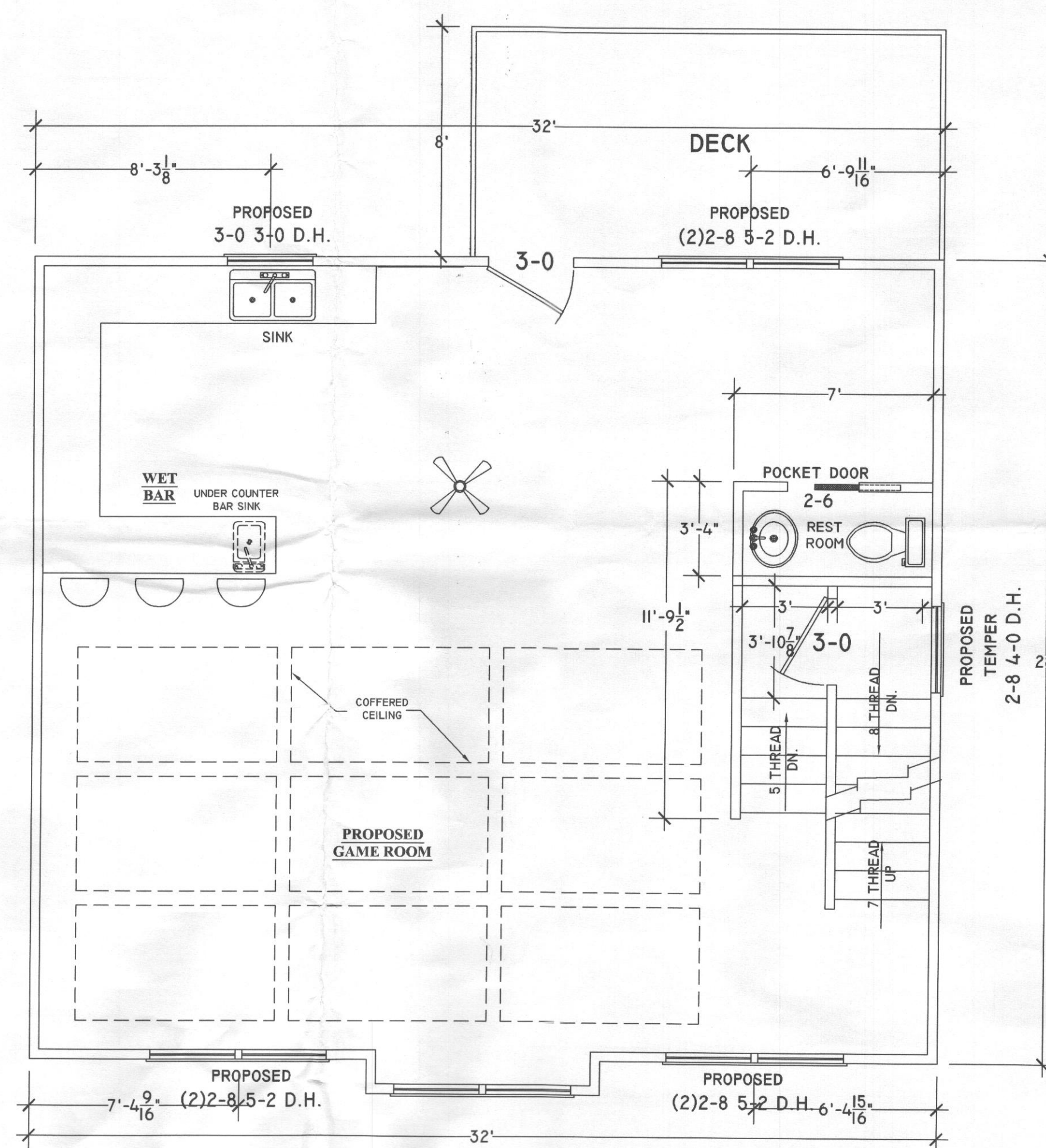
11857 SCAGGSVILLE ROAD DEED 1670-59

LOCATION DRAWING
TAX MAP 41 PARCEL 326
**ROBERT & DAWN DUEA
PROPERTY**
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' JUNE 2013
PROJECT#37153
F/N: DUEA-PROPERTY

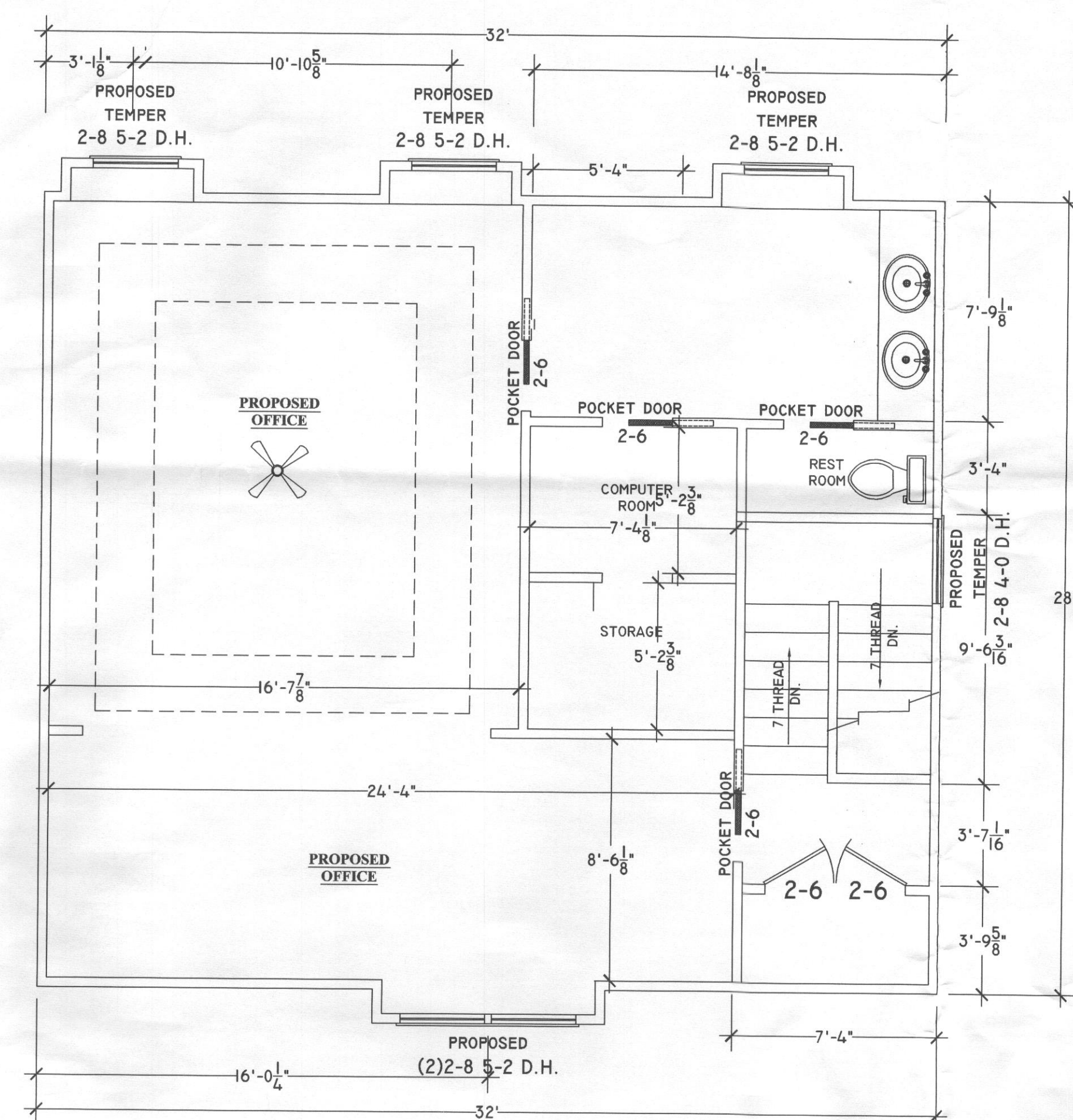


**ADVANCED
SURVEYS**
Established 1975
3140 WEST WARD ROAD SUITE 103
DUNKIRK, MARYLAND 20754
P: (800)235-4681 F: (410)286-9716

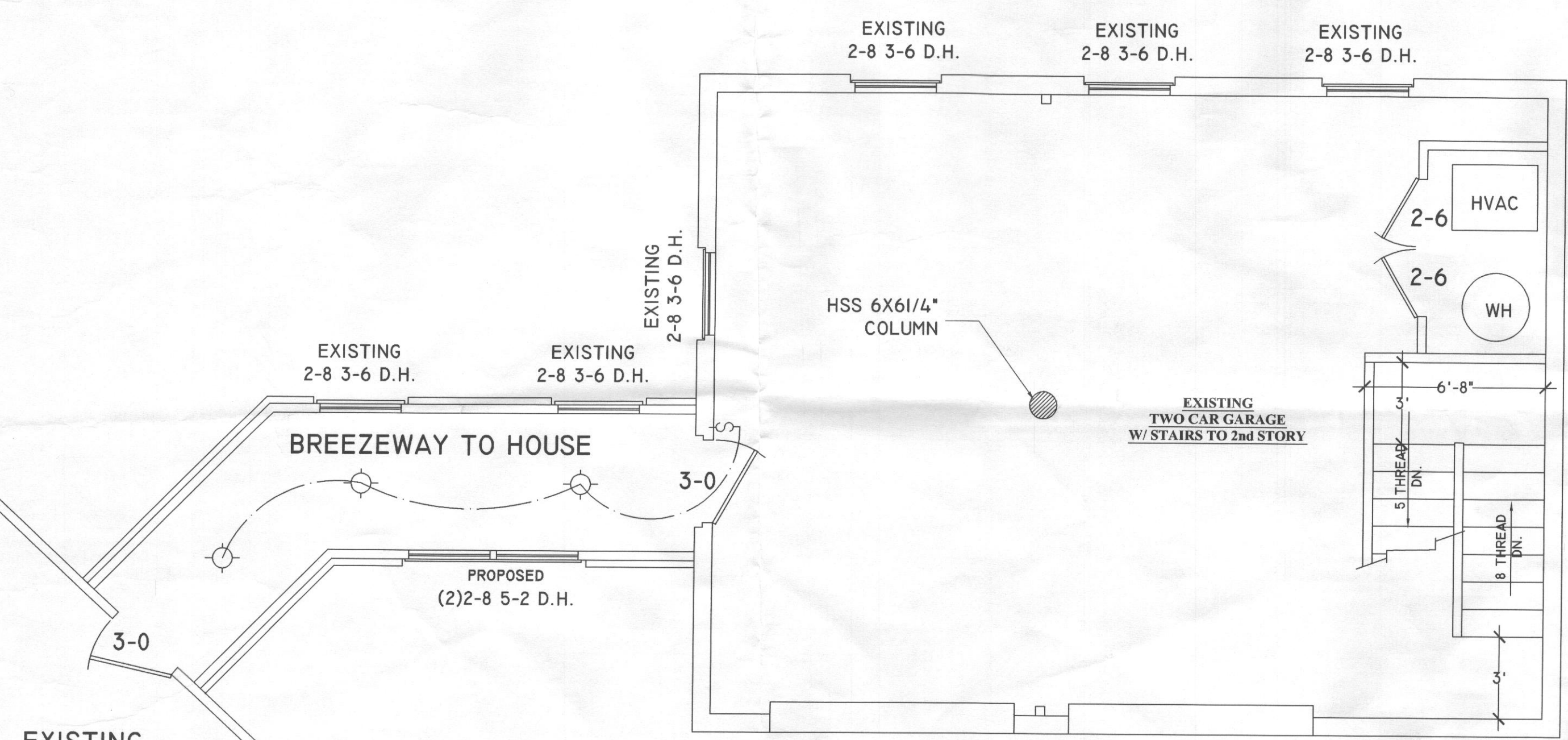
Floor Plan Approved Per B13003573
 garage addition at 11857 Scaggsville Rd.
 rcb 8/13/14



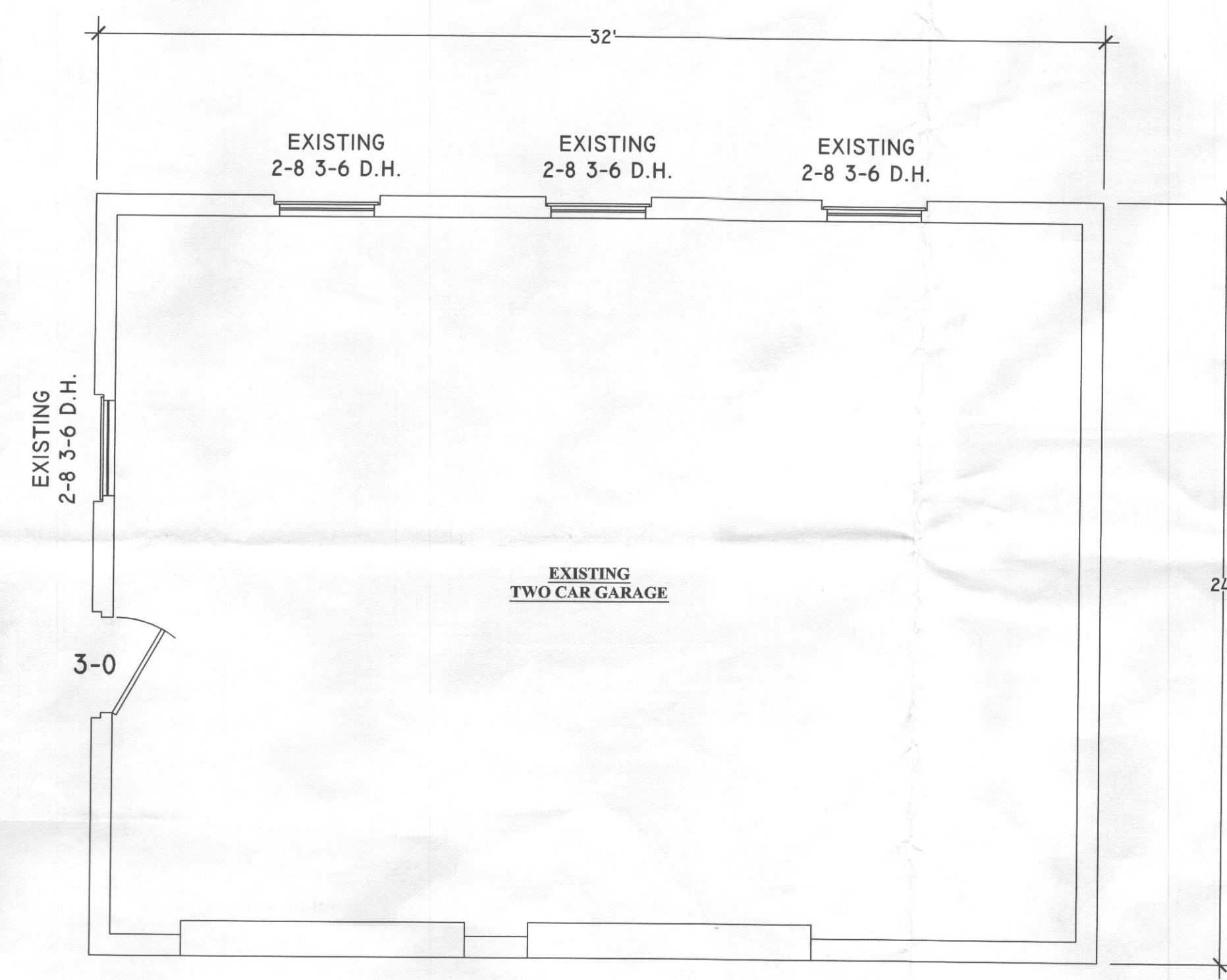
**PROPOSED
 2nd STORY FLOOR PLAN**
 SCALE : 1/4" = 1'-0"



**PROPOSED
 ATTIC FLOOR PLAN**
 SCALE : 1/4" = 1'-0"



**PROPOSED
 GARAGE FLOOR PLAN**
 SCALE : 1/4" = 1'-0"



**EXISTING
 GARAGE FLOOR PLAN**
 SCALE : 1/4" = 1'-0"

EXISTING & PROPOSED GARAGE & 2nd STORY FLOOR PLAN

General Notes

No.	Revision/Issue	Date

Firm Name and Address
J.S. CADD DESIGN SERVICE
 1426 GOLF LINK DR.
 STONEMOUNTAIN GA. 30088
 (404) 502-8574
 swineyj@bellsouth.net

Project Name and Address
**Garage 2nd Story Addition
 Renovation**
 11857 Scaggsville Rd.
 Howard County Maryland

Project	Sheet
Date 5/05/2014	A-2
Scale 1/4" = 1'-0"	

RELEASE FOR CONSTRUCTION