

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b>			
Building Address _____  Suite/Apt. #: _____ SDP/WP/Petition #: _____  Census Tract _____ Subdivision _____  Section _____ Area _____ Lot _____  Tax Map _____ Parcel _____ Grid _____  Zoning _____ Map Coordinates _____ Lot Size _____  Existing Use _____ Proposed Use <u>BED ROOM</u> Estimated Construction Cost \$ <u>30,000</u>  Description of Work <u>NEW ADDITION</u>  Occupant or Tenant _____  Contact Name _____  Address _____  City _____ State _____ Zip Code _____  Phone _____ Fax _____		Property Owner's Name <u>DOROTHY MURPHY</u> Address <u>12021 SCAGGSVILLE RD.</u> City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u> Phone _____ Phone <u>301-725-5824</u> Applicant's Name & Mailing Address, (if other than stated herein): _____  Phone _____ Fax _____  Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____  Engineer or Architect Company _____  Contact Person _____  Address _____  City _____ State _____ Zip Code _____  Phone _____ Fax _____					
<b>BUILDING DESCRIPTION - COMMERCIAL</b>			<b>BUILDING DESCRIPTION - RESIDENTIAL</b>				
<b>Building Characteristics</b> Height: _____  No. of stories: _____  Gross area, sq. ft. per floor: _____  Use group: _____  Construction type: ___ Reinforced Concrete ___ Structural Steel ___ Masonry ___ Wood Frame ___ State Certified Modular		<b>Utilities</b> Water Supply: _____ ___ Public ___ Private Sewage Disposal: _____ ___ Public ___ Private  Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>  Sprinkler system: N/A <input type="checkbox"/> ___ Full ___ Partial ___ Other Suppression ___ # of Heads _____		<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____  Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>  Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____  Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____  ___ State Certified Modular ___ Manufactured Home		<b>Utilities</b> Water Supply: _____ ___ Public ___ Private Sewage Disposal: _____ ___ Public ___ Private  Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>  Sprinkler system: N/A <input checked="" type="checkbox"/> ___ NFPA #13D ___ NFPA #13R ___ Other _____	
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			_____ Print Name				
_____ Title/Company			_____ Date				
Checks payable to: <b>DIRECTOR OF FINANCE OF HOWARD COUNTY</b> ***PLEASE WRITE NEATLY AND LEGIBLY***							





# Floor plan

Murphy Residence

12021 Scaggsville Rd.

Fifth Election Dist.

Howard county

Fulton Maryland 20759

Plan scale 1/8" = 1"

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B09002846

Building Address 12021 SCAGGSVILLE RD  
FULTON MD 20759

Property Owner's Name DIANE MURPHY

Address 12021 SCAGGSVILLE RD

City FULTON State MD Zip Code 20751

Phone 301-725-5824 Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use SFD

Proposed Use SAME WITH ADDITION

Estimated Construction Cost \$ 30,000

Description of Work NEW BEDROOM ADDITION

1 STORY ADDITION WITH FULL

BSMT 22'8" x 15'6"

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BUILDING DESCRIPTION - COMMERCIAL

## BUILDING DESCRIPTION - RESIDENTIAL

### Building Characteristics

### Utilities

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

Water Supply:

☐ Public

☒ Private

Sewage Disposal:

☐ Public

☒ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☒

Heating System:

Electric ☐ Oil ☒

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

☐ # of Heads

### Building Characteristics

### Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: 22'8" 15'6"

2nd floor: NA NA

Basement: 22'8" 15'6"

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 1

Height: 22'

Multi-family dwellings:

No. of efficiency units: \_\_\_\_\_

No. of 1 BR units: \_\_\_\_\_

No. of 2 BR units: \_\_\_\_\_

No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Footings: \_\_\_\_\_

Roof Height: \_\_\_\_\_

☐ State Certified Modular

☐ Manufactured Home

Water Supply:

☐ Public

☒ Private

Sewage Disposal:

☐ Public

☒ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☒

Heating System:

Electric ☐ Oil ☒

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ Other:

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.

DIANE MURPHY  
Applicant's Signature

DIANE MURPHY  
Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY DATE SIGNATURE APPROVAL

☒ Land Development, DPZ

☐ State Highways

☒ Building Official

☒ Dev. Engineering, DPZ

☒ Health

☐ Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

DPZ SETBACK INFORMATION

PROPERTY ID#:

Front: \_\_\_\_\_ Filing fee \$ \_\_\_\_\_

Rear: \_\_\_\_\_ Permit fee \$ \_\_\_\_\_

Side: \_\_\_\_\_ Excise tax \$ \_\_\_\_\_

Side St.: \_\_\_\_\_ Add'l per. fee \$ \_\_\_\_\_

All minimum setbacks met? TOTAL FEES \$ \_\_\_\_\_

YES ☐ NO ☐

Is Entrance Permit required? Balance due \$ \_\_\_\_\_

YES ☐ NO ☐

Check # 1066

Historic District? Validation # \_\_\_\_\_

YES ☐ NO ☐

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

Customer needs  
to aban. well

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Sits Visit  
Needed  
11-5-09

2008 SEP 23 PM 1:32



Plot plan

Murphy Residence

12021 Scaggsville Rd.

Fifth Election Dist.

Howard County

Fulton Maryland 20759

Plan Scale - 1" = 40'



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS BANK COUNTY HOUSE CRIME BANK CITY CITY AND TOWNS PERMITS (410) 313-3668 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3668		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER P06004553
Building Address <u>12021 21 216</u> <u>FULTON MD 20759</u>		Property Owner's Name <u>DOROTHY MURPHY</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>12021 21 216</u>	
Census Tract <u>4051.02</u> Subdivision _____		City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u>	
Section _____ Area _____		Home Phone <u>301-725-5814</u> Work Phone _____	
Tax Map <u>4</u> Parcel <u>191</u> Grid <u>19</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning <u>R205B</u> Map Coordinates _____ Lot size <u>1 AC</u>		Phone _____ Fax _____	
Existing Use <u>YARD SF D</u>		Contractor Company <u>Same as owner</u>	
Proposed Use <u>GARAGE</u>		Contact Person _____	
Estimated Construction Cost \$ <u>12,000</u>		Address _____	
Description of Work <u>DETACHED 24' x 28'</u>		City _____ State _____ Zip Code _____	
Occupant or Tenant _____		License No. _____	
Contact Name _____		Phone _____ Fax _____	
Address _____		Engineer or Architect Company _____	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

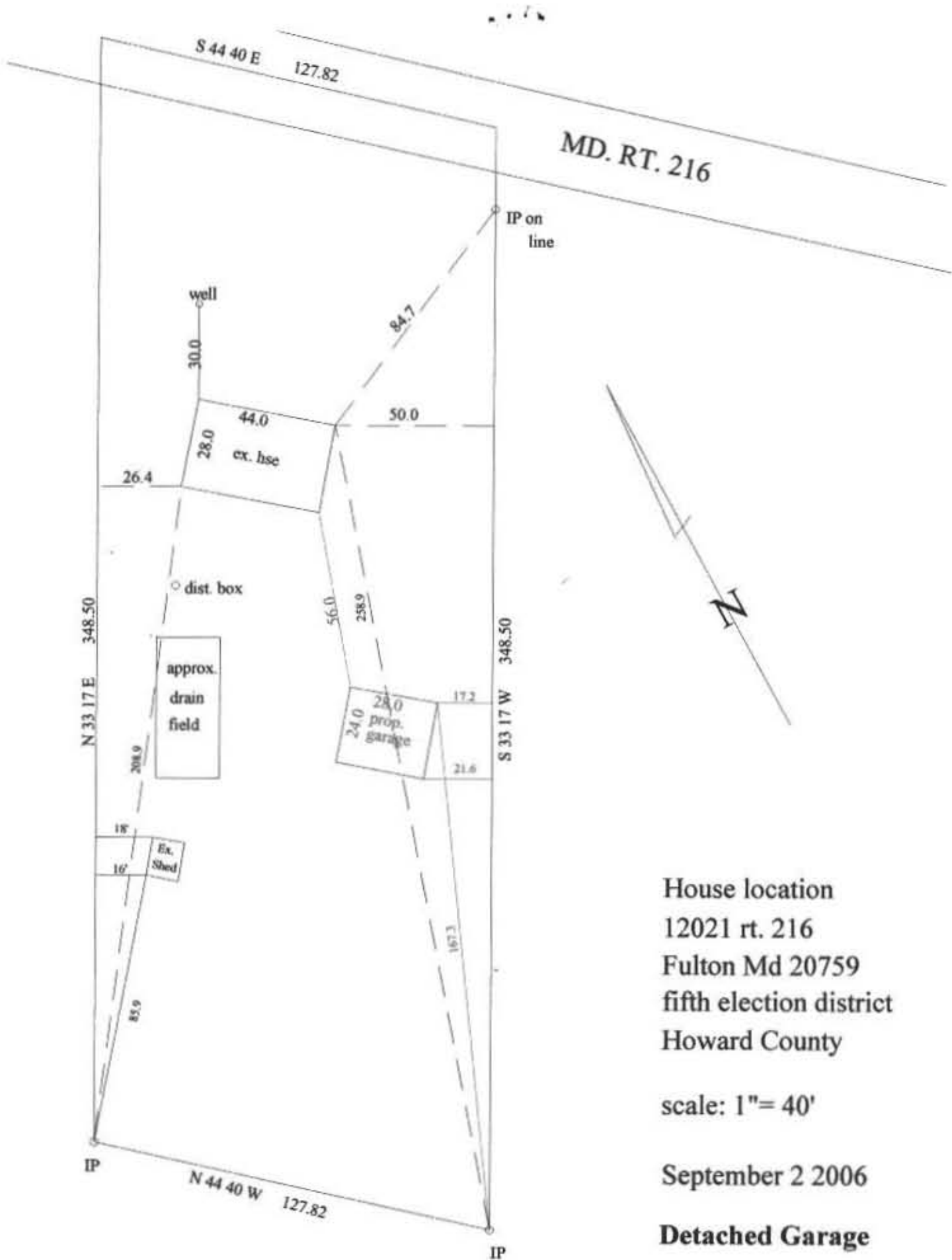
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full <input type="checkbox"/>	No. of 1 BR units: _____	NFPA #13D _____
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	NFPA #13R _____
	Other Suppression _____	No. of 3 BR units: _____	Other: _____
	# of Heads _____	Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof Height: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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.

<u>Dorothy E. Murphy</u> Applicant's Signature	<u>DOUGLAS E. MURPHY</u> Print Name
<u>Owner of owner</u> Title/Company	<u>9.13.06</u> Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>5114</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\home\PERMIT.FRM			SDP/Red-line approval date _____	Yellow: DED, DPZ Pink: Health Gold: SHA



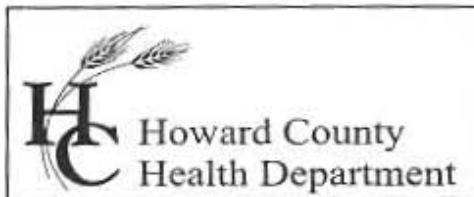
House location  
 12021 rt. 216  
 Fulton Md 20759  
 fifth election district  
 Howard County

scale: 1"= 40'

September 2 2006

**Detached Garage  
 Proposal**





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer  
September 26, 2006

Dorothy Murphy  
12021 Scaggsville Road  
Fulton, Maryland 20759

RE: Building Permit # B06004553  
Proposed Garage

Dear Mrs. Murphy:

Review of building permit #B06004553 for the referenced property has been completed by our office. Our file notes indicate the water table at 8 feet during a septic tank replacement in 1979. In addition, our files do not indicate an established septic easement able to support the initial and one replacement system. It is necessary for this area to be established with the Health Department prior to building permit approval. As a result of these factors, percolation testing is required and an approved percolation certification plan needs to be on file with the Howard County Health Department. I have enclosed the requirements for percolation testing and a percolation certification plan. The building permit will be placed on hold until all Health Department requirements are met.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1775

Sincerely,

Ashley Trump  
Well and Septic Program  
Development Coordination Section

Enclosures  
Cc: File



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 7, 2008

Dorothy Murphy  
12021 Scaggsville Road  
Fulton, Maryland 20759

RE: Permit # BO8002846  
Permit # BO6004553

Dorothy Murphy:

Prior to building permit approval an approved Percolation Certification Plan is required for additions greater than 250 sq. ft. per Howard County Code 3.805. Further review is contingent upon submission of a Percolation Certification Plan showing the following:

- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, trenches, dry wells and distribution boxes.
- Location and tag number for existing well must be shown.
- Legend to distinguish wells, septic easement, perc holes, existing and proposed structures, etc.

In addition to submitting a Percolation Certification Plan, further review is contingent upon submission of the following:

- Floor plans for the existing house and proposed addition must be submitted for review.

Due to the possible increase in the number of bedrooms, a septic system upgrade may be required.

I have enclosed requirements for a Perc Certification Plan and an application for Perc Testing. Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

*Dana L. Bernard*  
Dana L. Bernard, Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

DLB  
Enclosures  
cc: Well & Septic program file