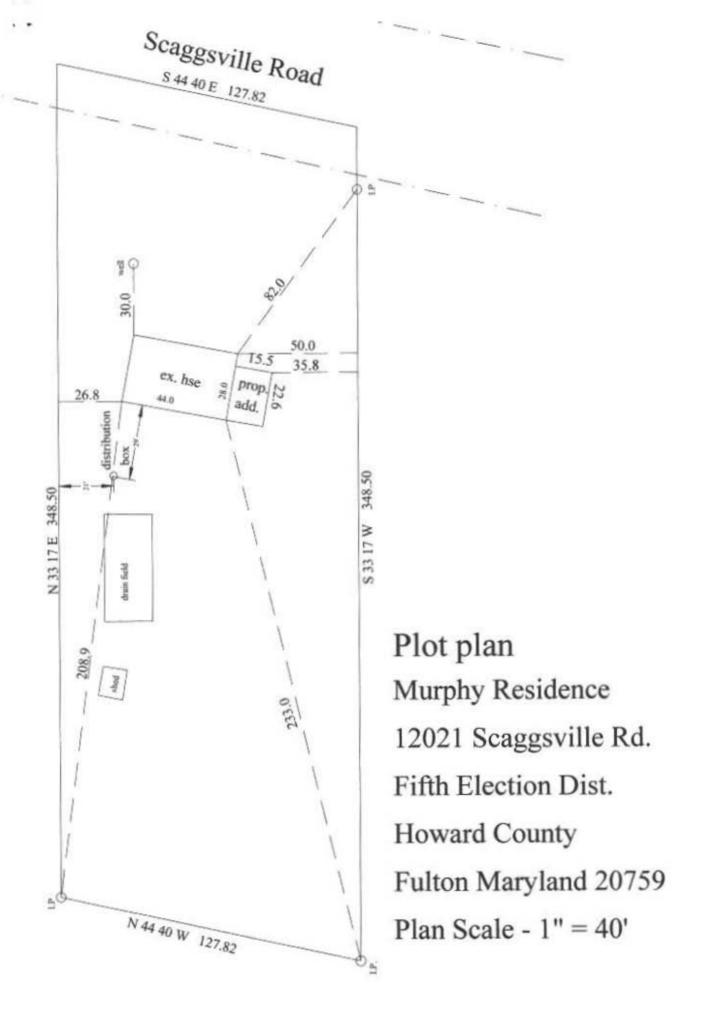
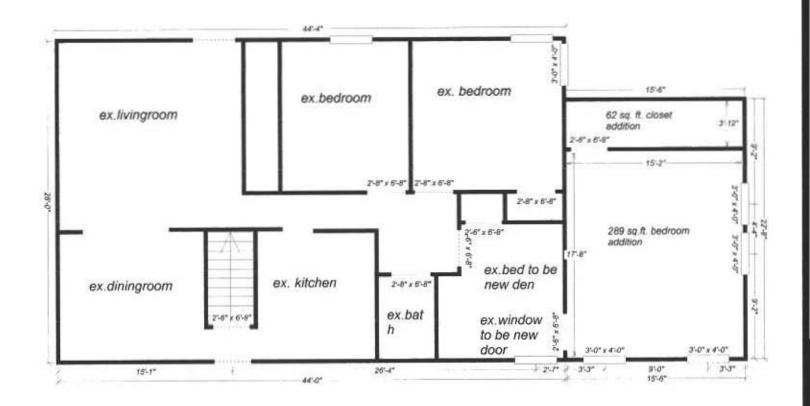
DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043

HOWARD COUNTY

INSPECTIONS (410) 31 AUTOMATED INFORMATION	3-1810 DED SATE	APPLICATION	PERM	IIT NUMBER	
	(410) 313-3800	Property Owner's N Address 12021	SCA 465	VILL RD.	
		City FULTON	State M	D Zip Code 20759	
Suite/Apt. #: SD	P/WP/Petition #:	Phone	Phone 30	-725.5824	
		Applicant's Name	Applicant's Name & Mailing Address, (if other than		
Census Tract Subdivision		stated herein):			
SectionAr	ea Lot	-			
Tax Map Pa	rcel Grid				
7	F	Phone	Fax		
	oordinates Lot Size	Contractor Consess			
Existing Use		Contractor Compar	Contractor Company		
Proposed Use BED ROOM Estimated Construction Cost \$ 30,000		_ Contact Person	Contact Person		
Estimated Construction (Cost 5 30,000	Address	Centin	Tin Code	
Description of Work NEW ADDITION		City State Zip Code License No.			
Description of work_/	VE VV ADDITION	Phone	Fax		
		Phone	Pax		
Occupant or Tenant		Engineer or Archite	ect Company		
			4		
Contact Name		Contact Person			
Address		Address			
City	StateZip Code	City	State	Zip Code	
Phone	Fax	Phone	Fax		
BUILDING DESCR	IPTION - COMMERCIAL	BUILDING D	ESCRIPTION	N - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Charac	teristics	Utilities	
Height:	Water Supply: Public	SF Dwelling SF To Depth Width	wnhouse 🗆	Water Supply: Public	
No. of stories:	Private	1" floor:		✓ Private	
	Sewage Disposal:	2 nd floor:		Sewage Disposal:	
Gross area, sq. ft. per floor:	Public	Basement:		Public	
	Private	Finished Basement - Unfin	1	✓ Private	
Use group:	Electric Yes D No D	Crawl space Slab	n Grade :	Electric Yes No D	
Construction type:	Gas Yes No	No. of Bedrooms	2	Gas Yes 🗆 No 🗸	
Reinforced Concrete	12 2 110 2	14.620.00.00.4.00			
Structural Steel	Heating System:	Multi-family dwellings: No. of efficiency units:	Ś.,	Heating System:	
Masonry	Electric Oil	No. of 1 BR units:	_	Electric 12 Oil w	
Wood Frame	Natural Gas	No. of 2 BR units:		Natural Gas Decrease Gas Decrease	
State Certified Modular	Propane Gas	No of 3 BR units:		Propane Gas	
State Certified Wooding	Sprinkler system: N/A	*********	and the second second	Sprinkler system: N/A	
	Full	Other Structure:		NFPA#I3D	
	Partial	Dimensions:		NFPA#13R	
	Other Suppression	Roof Height:		Other	
	# of Heads	Koor rieight.			
		State Certified Mo	10000000000000000000000000000000000000		
CORRECT; (3) THAT HE/SHE WILL ON WORK ON THE ABOVE REFER	PIES AND AGREES AS FOLLOWS: (1) THA COMPLY WITH ALL REGULATIONS OF HE ENCED PROPERTY NOT SPECIFICALLY D ERTY FOR THE PURPOSE OF INSPECTING	DWARD COUNTY WHICH ARE APPLICATION;	E THIS APPLICATION LICABLE THERETO, (5) THAT HE/SHE ((4) THAT HE/SHE WILL PERFORM	
Applicant's Signature		Print Name			
	24.70	-	- 705		
Title/Company			Date		





Floor plan

Murphy Residence

12021 Scaggsville Rd.

Fifth Election Dist.

Howard county

Fulton Maryland 20759

Plan scale 1/8" = 1"

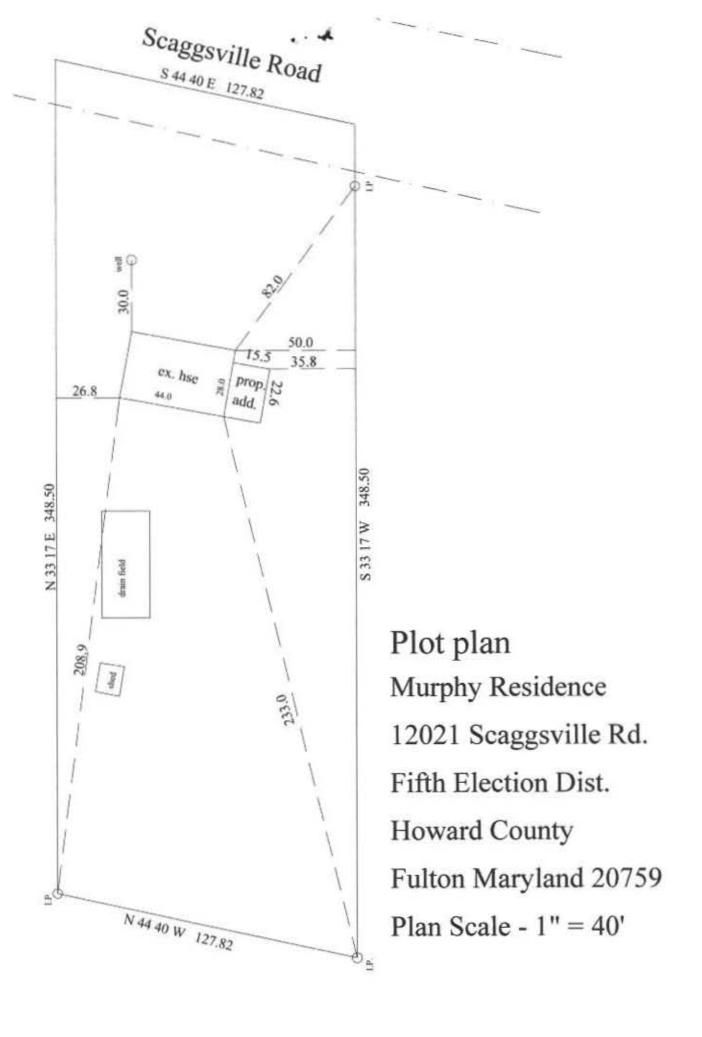
HOWARD COUNTY

PERMIT NUMBER

99	. 2 ~		2. J. A.A. 124411	
Building Address		Property Owner's Name	AU C MONHY	
FULTON MD 2	107/39	Address 12021 Schadsy	TLLERD	
Suite/Apt. #: SDP/WF	P/Petition #:	City FULTON State MO Zip Code 20131		
Census Tract Subdivision		Phone 301 - 725 - 6824 Phone		
ectionArea	Lot	Applicant's Name & Mailing Address, (if	other than stated hereon):	
ax Map Parcel	Grid			
Oning Map Coordinates	Lot size	Phone Fax		
Existing S F D		Contractor Company		
Proposed Use SAME IN ITAL ADDITION				
Estimated Construction Cost \$		Contact Person		
Description of Work MEW BE SOOM ASSITION		Address		
STURY ADDIT	TION WITH FULL			
	The state of the s	CityStateZip Code License No.		
B5m 22'8 x 15'6		Phone Fax		
Occupant or Tenant		Engineer or Architect Company		
Contact		Contact Person		
Name				
ddress	7.00	Address		
CitySta	ite Zip Code	CityState	Zip Code	
Phone Fax		2004000		
		Phone Fax		
BUILDING DESCRIPTI	ON - COMMERCIAL	BUILDING DESCRIP	TION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
leight:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply:Public	
No. of stories:	Private	1st floor: 22'8 15'6	Private Sewage Disposal:	
	Sewage Disposal:Public	2nd floor: Basement:	Public	
Gross area, sq. ft. per floor:	Private	Finished Basement Unfinished Basement	Private	
Jse group:	Electric Yes O No O	Crawl space □ Slab on Grade □	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	
and group.	State Contract State	No. of Bedrooms Height:	Heating System:	
	Heating System:	Multi-family dwellings; No. of efficiency units: No. of 1 BR units:	Electric Oil Natural Gas	
Construction type:	Electric D Oil D	No of 1 BR unite:		
Reinforced Concrete	Electric Oil Oil Natural Gas □	No. of 2 BR units:	Propane Gas	
Reinforced Concrete Structural Steel Masonry	Electric D Oil D Natural Gas D Propane Gas D	No. of 3 BR units:	Sprinkler system: N/A	
Reinforced Concrete Structural Steel	Electric D Oil D Natural Gas D Propane Gas D Sprinkler system; N/A D	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:		
Reinforced Concrete Structural Steel Masonry	Electric OI OI Natural Gas Propane Gas Sprinkler system; N/A Propane Gas Other Suppression	No. of 2 BR units: No. of 3 BR units: Other Structure:	Sprinkler system: N/A □ NFPA #13D	
Reinforced Concrete Structural Steel Masonry Wood Frame	Electric D Oil D Natural Gas D Propane Gas D Sprinkler system; N/A D ——Full ——Partial	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular	Sprinkler system: N/A D NFPA #13D NFPA #13R	
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Customer needs to aban well

Site Visit Needed 11-5-09

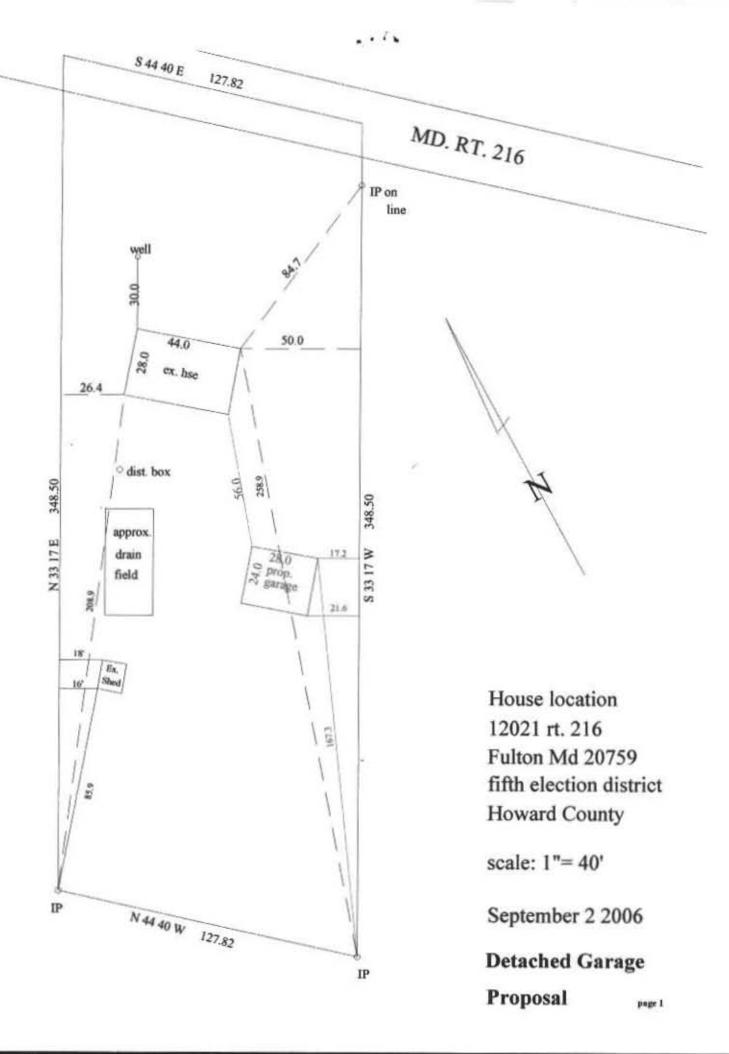


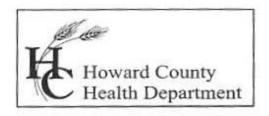
DEPARTMENT OF PRIFECTIONS LICENSES AND PERMITS AND COUNTY MANUE CORNE PRIMARY AND THE PRIMARY

HOWARD COUNTY

PERMIT NUMBER

AUTOMOTED NE CHRACH SPORTED TO 3000	PERMIT AF	PPLICATION 106	004553	
Building Address 12021 2+2	·X	Property Owner's Name Decothy	Muesul	
FULTON MD 20	Ma	Address		
Suite/Apt. #: SDP/WF	\/ / / / /	12021 14 216		
Census Tract (4051 07 Subdivi	1910	City FULTON State MO Zip Code 20759		
	from ?	Home Phone 301-725-5814 Work Phone		
SectionArea		Applicant's Name & Mailing Address, (if oth	her than stated hereon):	
Tax Map Parcel 19				
Zoning Map Coordinates	Lot size / AC	Phone Fax		
Existing Use YARD ST	0	Contractor Company SAnte As	STAND	
Proposed Use GAGAGE Estimated Construction Cost \$ 12,000		Contact Person		
		Total Control of the		
Description of Work		Address		
DETACUED 24 x	28	City State_	7in Code	
			License No.	
		Phone Fax		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address				
City Sta	te Zip Code	Address	Address	
		City State Zip Code		
Phone Fax		Phone Fax		
BUILDING DESCRIPT	TON - COMMERCIAL	BUILDING DESCRIPT	ION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities	
Height:	Water Supply:	SF Dwelling D SF Townhouse D	Water Supply:	
No. of stories:	Public Private	1st floor: Width	Public Private	
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Private	Basement: Unfinished BasementD		
	Electric Yes No	Crawl space D Slab on Grade D	Electric Yes □ No □	
Use group:	Gas Yes□ No□	Height: Ods 165 I N		
	Heating System:	No. of efficiency units: No. of 1 BR units:	Heating System:	
Construction type: Reinforced Concrete	Electric Oil Natural Gas	No. of 2 BR units:	Natural Gas	
Structural Steel	Propane Gas 🛘	No. of 3 BR units:	Propane Gas	
Masonry Wood Frame	Sprinkler system: N/A	Other Structure:	Sprinkler system: N/A	
	Full	Roof Height NFPA #13R		
State Certified Modular	Partial Other Suppression	State Certified Modular	Other:	
THE IMPORTANCE LEBERTY CHRONICS AND ACRES OF SOLL	# of Heads	Manufactured Home		
HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPO	AT HEISHE WILL PERFORM NO WORK ON THE ABOVE REF	PLICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/INE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.	THAT HE/SHE GRANTS COUNTY OFFICE	
wright & Mighting		DOUBLAS E. MURPHY	1	
Applicant's Signature		Print Name		
Title/Company		9.13.0G Date		
	Checks payable to: DIRECTOR O	F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **		
AGENCY DATE	- FOR OFFI	CE USE ONLY-		
ACCOUNT OF THE PARTY OF THE PAR	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION Front: Filin	PROPERTY ID#:	
State Highwaye		Reer: Per	mit fee \$	
Building Official		Side: Exc	ise tax \$	
Dev. Engineering, DPZ			i'l per, fee \$	
			TAL FEES \$	
Fire Protection s Sediment Control approval required prior	to less whee?		-total paid \$	
Sediment Control approval required prior YES NO	to assume?	Is Entrance Permit required? Bala YES ID NO ID Che	ance due \$	
100			dation g	
CONTINGENCY CONSTRUCT	TION START: []	YES I NO II		
ONE STOP SHOP:		Lot Coverage for NewTown Zone		
		SDP/Red-line approval date	Accepted by	
Distribution of Copies- White: Buildi	ng Official Green: LDD, DPZ	Yellow: DED, DPZ Pinic Health	Gold: SHA	





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

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

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 # B06004553

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, Sanitarian

Bureau of Environmental Health Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

DLB

Enclosures

cc: Well & Septic program file