DEPARTMENT 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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00144008 BB

Building Address 12642 Scaggsville Road Highland 21077

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract 605102 Subdivision ______

Section ______ Area ______ Lot ______

Tax Map 40 Parcel 334 Grid 11

Zoning RRDEO Map Coordinates 14C13 Lot size 2.01

Property Owner's Name VERNON PURSEL

Address 12642 Scaggsville Rd

City Highland State MD Zip Code 21077

Home Phone 301-854-9758 Work Phone N/A

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

1 (301) 399-5708

Phone ______ Fax ______

Existing Use SFD

Proposed Use SFD Addition

Estimated Construction Cost $ 50,000.00

Description of Work 2 story add. Garage / Master Bedroom addition above, Deck 12'x8' Work Room / Work shop in Garage

Contractor Company BRENTWOOD BUILDERS

Contact Person BRENT JOHNSON

Address 17116 SPRING HOLLOW COURT

City Mt. AIRY State MD Zip Code 21771

License No. [illegible]

Phone 410-290-8711 Fax (301)399-5708

Occupant or Tenant SAME

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company N/A Brent Johnson

Contact Person ______

Address 8712 Main St.

City Ellicott City State MD Zip Code 21043

Phone 410 313 [illegible] 30 Fax 410 465 3703

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame

___ State Certified Modular

Utilities

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ______

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:

___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
X Public
___ Private

Sewage Disposal:
X Public
X 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.

[signature] Brent Johnson

Applicant's Signature *Print Name*

Owner / Brentwood Bldrs 9/03

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	12/19/03	Brian Baker
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: ______
Rear: ______
Side: ______
Side St.: ______
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone ______
SDP/Red-line approval date ______

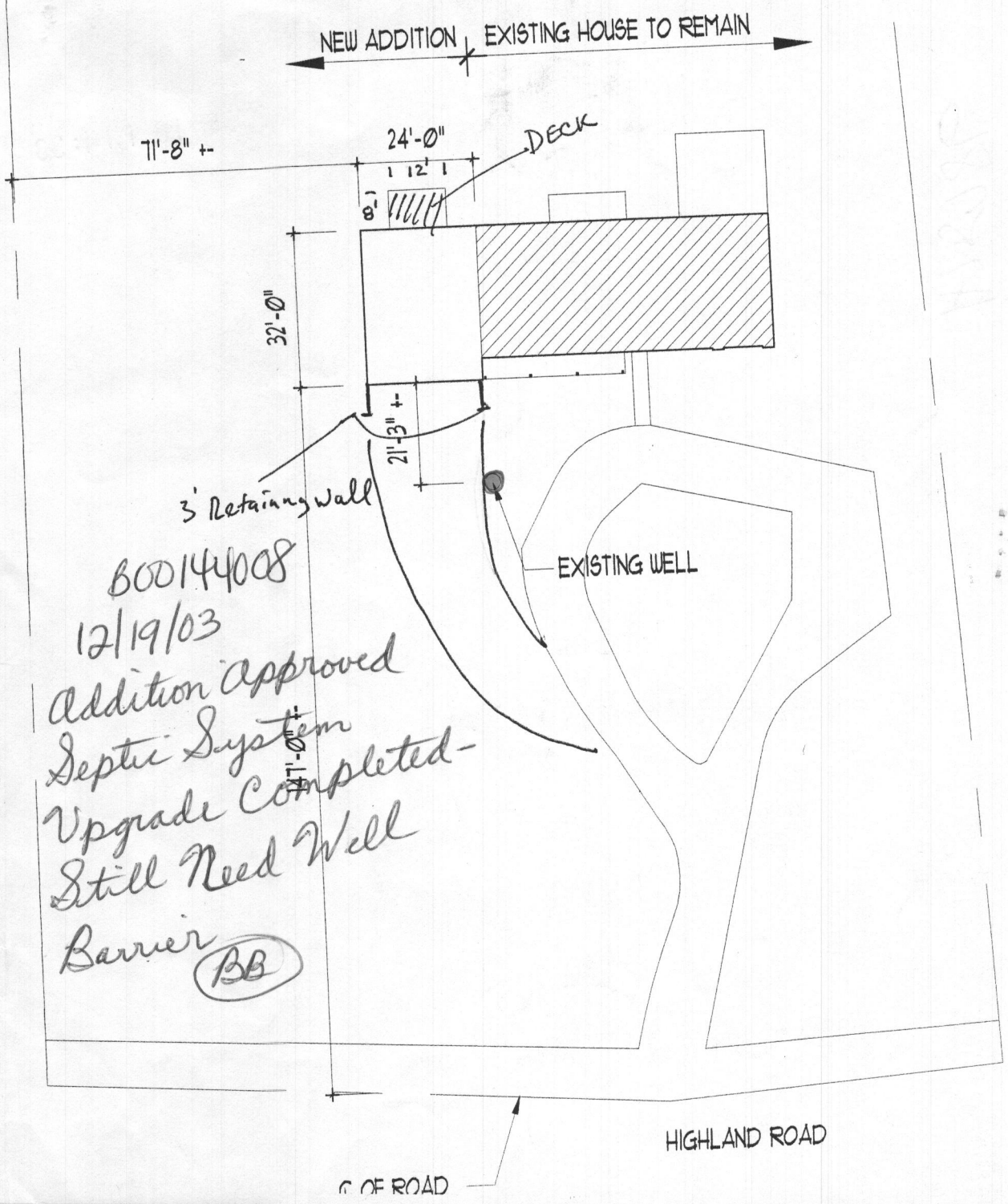
PROPERTY ID#: 59502

Filing fee $ 25
Permit fee $
Excise tax $
Add'l per. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check #
Validation # 2235

Accepted by [signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 5/17/00



B00144008
12/19/03
Addition approved
Septic System
Upgrade Completed -
Still Need Well
Barrier
BB