

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B26000670	03/09/2026

Description of Work
 SFD/Construct 20X14 Sunroom and 12X6 porch on rear of existing dwelling., 1 STORY, Slab on Grade, 0R, 0FB, 0HB, 1FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = Open Porch, Screen Porch and Deck, ENERGY METHOD = ERI,

Online BP.
 3/12/26

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1258	SHAFFERSVILLE	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.13279	39.33911
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
831635	234	3.15	232300	528000	295700	RURAL

Legal Description
 IMPSLOT 3 3.153AR[]1258 SHAFFERSVILLE RD[]B J NEBEL PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404335929	B.J. Nebel Property					
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-12	RC-DEO	4690-J6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.		Primary			
3550				Yes			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1988	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Approved Septic System Plan
 Howard County Health Department
R. Benard 3-13-26
 Signature Date

3-13-26
 Approved By
R. Freeman

Owner (This section is not required.)

Search Reset Clear

Name *
 FITZGI
 Address Line 1
 1258 SHAFFERSVILLE RD
 Address Line 2
 Address Line 3
 Mail City
 MOUNT AIRY
 Mail State
 MD
 Mail Zip Code
 21771
 Phone
 240-888-5266
 Primary
 Yes
 E-mail

dmfitzgibbons@gmail.com

Cell Number

Fax Number

Professionals (This section is not required.)

License # *	Business Name		
License Type *	First Name	Middle Name	Last Name
--Select--	▼		
Primary	Address Line 1		
Yes	▼		
	Address Line 2		
	City	State	ZIP Code
	Phone 1	Phone 2	Fax
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	▼ Scotty		Williams
Relationship	Full Name		
Applicant	▼ Scotty Edward Williams		
Primary	Organization Name		
No	▼ Elite Custom Homes		
	Street Address		
	124 East Main Street		
	Address Line 2		
	City	State	Zip Code
	Westminster	Md	21157
	Phone	Cell	Fax
	4434634494		
	E-mail *		
	elitehomes@comcast.net		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	▼ Scotty		Williams
Relationship	Full Name		
Applicant	▼ Scotty Edward Williams		
Primary	Organization Name		
Yes	▼ Elite Custom Homes		
	Street Address		
	124 East Main Street		
	Address Line 2		
	City	State	Zip Code
	Westminster	Md	21157
	Phone	Cell	Fax
	4434634494		
	E-mail		
	elitehomes@comcast.net		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
150000	0	0	No
Construction Type	▼		
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *

Yes No

Capital Project Number

(Text)

Fee Exempt *

Yes No

Roadside Tree Project Permit

Yes No

Roadside Tree Pr

No of Stories * 1 (Text) **Foundation *** Slab on Grade **Basement *** N/A **No of Rooms *** 0 (Text) **Full Baths *** 0 (Number) **Ha** 0

Model *
SFD/Construct 20X14 Sunroom and 12X6 porch on rear of existing dwelling.
[check spelling](#)

Other Structure * None **Bedrooms *** 0 (Number) **Porch Deck *** Open Porch, Screen Por **No of Fireplaces *** 1 (Number) **Type of Fireplace** Prefab **Sprinkler System *** None
W & S Fees Paid Yes No **Water *** Private **Sewage *** Private **Utilities *** Electric **Heating System *** Electric **Basement Width** **Basement Depth** **Height**
1st Floor Width FT (Number) **1st Floor Depth** FT (Number) **2nd Floor Width** FT (Number) **2nd Floor Depth** FT (Number) **Basement Width** FT (Number) **Basement Depth** FT (Number) **Height** FT (Number)
Total Square Footage * 352 SQFT (Number) **Occupiable Square Footage *** 0 SQFT (Number) **Affordable Housing Funding *** N/A **Foundation Measurement** (Text)
Walls (Text) **Roof** (Text) **Change in Use** Yes No **Grading Permit No** (Text) **Senior Housing** Yes No **MIHU Outside Downtown Columbia** Yes No
Additional Description Info **Expiration Date** 9/5/2026 **MIHU Required Units** 0 (Num)

[check spelling](#)

GREEN INFORMATION

Goal Level --Select-- **Actual Level** --Select-- **Leed Registration Number** (Text) **Date of Leed Certification**

STORM WATER MANAGEMENT

Green Roofs A1 Yes No **Permeable Pavements A2** Yes No **Reinforced Turf A3** Yes No **Disconnection of Rooftop Runoff N1** (Number)
Sheetflow to Conservation Areas N3 Yes No **Rainwater Harvesting M1** (Number) **Submerged Gravel Wetlands M2** (Number) **Landscape Infiltrator**
Dry Wells M5 (Number) **Micro Bioretention M6** (Number) **Rain Gardens M7** (Number) **Swales M8** (Number)
PSWM Certification Received in CID on

Submit Cancel