

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12002157

G12000173

Building Address: 12320 Scaggsville Rd.
Fulton, MD 20759

Suite/Apt. # — SDP/WP/BA #: —

Census Tract: — Subdivision: —

Section: — Area: 34.52 Ac Lot: —

Tax Map: 40 Parcel: 108 Grid: 18

Zoning: RR-D60 Map Coordinates: N 545,000 Lot Size: 34.52 Ac
E 1,324,000

Existing Use: Residential dwelling destroyed in fire

Proposed Use: Residential dwelling

Estimated Construction Cost: \$ 300,000

Description of Work: Single Family Dwelling
Unit - frame construction
(Fire repair)

Occupant or Tenant: Occupant

Was tenant space previously occupied? MA Yes No

Contact Name: Viram Patel

Address: 12320 Scaggsville Rd

City: Fulton State: MD Zip Code: 20759

Phone: 301-854-0762 Fax: —

Email: Viramj@hotmail.com

Property Owner's Name: Viram Patel

Address: 12320 Scaggsville Rd.

City: Fulton State: MD Zip Code: 20759

Home Phone: 301-854-0762 Work Phone: —

Applicant's Name & Mailing Address, (if other than stated herein):
Same as above

Phone: 301-854-0762 Fax: —

Email: Viramj@hotmail.com

Contractor Company: TBD

Contact Person: —

Address: —

City: — State: — Zip Code: —

License No.: —

Phone: — Fax: —

Email: —

Engineer/Architect Company: —

Responsible Design Prof.: Amish Patel, PE

Address: 7894 James Ave

City: Ellicott City State: MD Zip Code: 21043

Phone: 410-988-2200 Fax: —

Email: astrconsultant@gmail.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<input checked="" type="checkbox"/> Water Supply
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<input type="checkbox"/> Sewage Disposal
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<input type="checkbox"/> Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<input checked="" type="checkbox"/> Water Supply
Depth Width	<input type="checkbox"/> Public
1 st floor: <u>65 x 42</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>65 x 42</u>	<input type="checkbox"/> Sewage Disposal
Basement: <u>Finished</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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.

V. Patel
 Applicant's Signature

Viramj@hotmail.com
 Email Address

owner
 Title/Company

Viram Patel
 Print Name

6/19/2012
 Date

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		<u>R. Buckler</u>
Fire Protection		
Is Sediment Control approval required for issuance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$ <u>—</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Check 103

Building Address: 32 Seagoville Rd, Fulton, MD 20759

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: 2-1 Area: 34.52 Ac Lot: 1

Tax Map: 440 Parcel: 1086 Grid: 18

Zoning: RP-DE Map Coordinates: N 44.000 E 113.300 Lot Size: 34.52 Ac

Existing Use: Residential dwelling

Proposed Use: Residential dwelling

Estimated Construction Cost: \$ 300,000

Description of Work: 1st - finish construction
2nd - use permit

Occupant or Tenant: Occupant

Was tenant space previously occupied? NO Yes No

Contact Name: William Patel

Address: 12320 Seagoville Rd

City: Fulton State: MD Zip Code: 20759

Phone: 301-854-1762 Fax: _____

Email: william.patel@hcm.com

Property Owner's Name: William Patel

Address: 232 Seagoville Rd

City: Fulton State: MD Zip Code: 20759

Home Phone: 301-854-1762 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: 301-854-1762 Fax: _____

Email: william.patel@hcm.com

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: James

Address: 7894 James

City: Ellicott City State: MD Zip Code: _____

Phone: 410-959 Fax: _____

Email: astrom@hcm.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement: <u>543</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: William Patel

Email Address: william.patel@hcm.com

Title/Company: OWNER

Print Name: William Patel

Date: 8/14/2012

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	<u>7/27/12</u>	<u>R. Buden</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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

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

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043

CORRECTED

Residential New Single Family Dwelling Permit

PERMIT NUMBER: B12002157

APPLICATION DATE: 6/19/2012

ISSUE DATE: 8/9/2012

SITE ADDRESS:

12320 SCAGGSVILLE RD
FULTON, MD 20759

PROPERTY OWNER INFO:

PATEL VIRAM
12320 ROUTE 216
FULTON, MD 20759
Phone #: 301-854-0762

Subdivision:

Lot No.: **Tax Map:** 40 **Grid:** 40-12
ADC Map: 5051-K4 **SDP No.:** **Zoning:** RR-DEO **Census Tract:** 605102

DESCRIPTION OF WORK:

NEW SFD REBUILD FROM FIRE DAMAGE/ 2-STORY, FULL BSMT, 9 R, 4 FB, 1 HB, FP, 2-CAR GARAGE, (4 BR), RI, PORCH, BALCONY// *7-24-2012 REVISED PLOT PLAN SUBMITTED PER HEALTH DEPT**8-27-2012 CONTRACTOR CHANGE**

PRIMARY CONTRACTOR INFO:

Contractor License No.: 6709
License Address: RAHMAN CONSTRUCTION INC.
AFIQR RAHMAN
1403 MIMOSA LANE
Phone #: SILVER SPRING, MD 20904
202-528-2131

PRIMARY CONTACT INFO:

Contact Type: CONTACT
OWNER
12320 ROUTE 216
FULTON, MD 20759
Phone #: 301-854-0762

Building/Lot Characteristics

Legal Description: 34.424 A 12320 ROUTE 216 HIGHLAND
Existing Use: Vacant Lot **Water Supply:** Private
Height: **Sewage Disposal:** Private
Basement: Unfinished
SF # of Bedrooms: 4
SF # of Full Baths: 4
SF # of Half Baths: 1

Zoning Setback Requirements:

Front - Proposed: **Required:**
Rear - Proposed: **Required:**
Side - Proposed: **Required:**
Side Street - Proposed: **Required:**

Permit Fees:

Total Fees Invoiced: \$23,747.12
Total Fees Paid: \$23,647.12
Balance Due: \$100.00

Meets Minimum Required Setbacks?: **Lot Coverage for NT Zoning:**

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL

NOTES:

1. THIS PLAN IS FOR A NEW HOUSE ON PARCEL 108 TO REPLACE THE OLD HOUSE WHICH WAS DESTROYED IN A FIRE IN AUGUST 2011.
2. THE FOUNDATION OF THE OLD HOUSE HAS BEEN REMOVED.
3. THE NEW HOUSE SHALL BE SERVED BY THE EXISTING DRIVEWAY.
4. THE LIMIT OF DISTURBANCE IS 4950 SF THEREFORE THIS PLAN IS EXEMPT FROM SWM.
5. THE NEW HOUSE SHALL BE SERVED BY PRIVATE ON-SITE WELL & SEPTIC SYSTEM.
6. TOPOGRAPHY SHOWN IS FIELD RUN BY NAJIB ROSHAN ASSOCIATES, INC. ON OR ABOUT MAY 2012.
7. THE EXISTING WELL SHOWN ON THIS PLAN (TAG #HO-75-0412) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

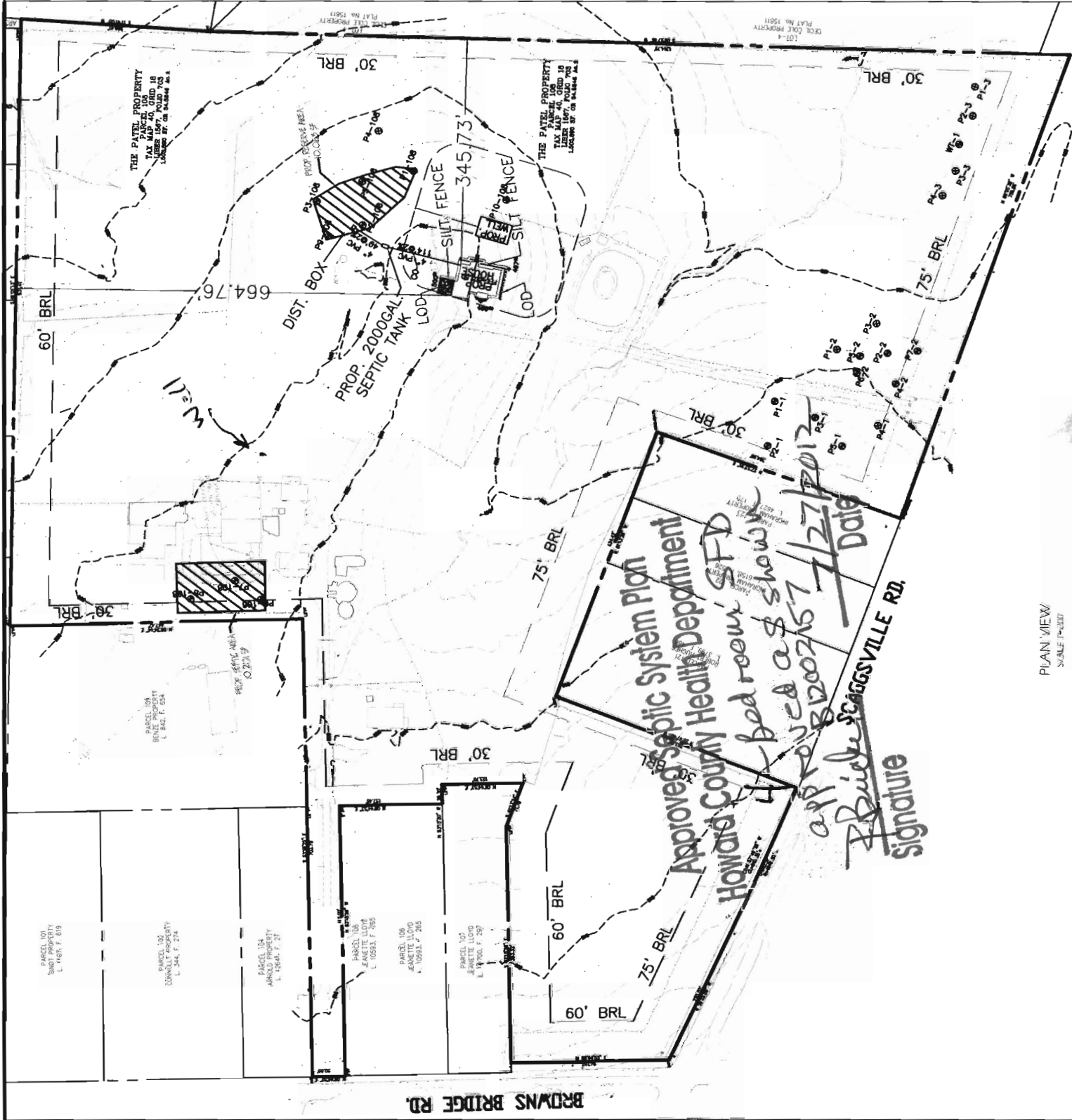
INVERT OUT AT HOUSE = 498.50
 INVERT IN AT SEPTIC TANK = 496.22
 INVERT OUT AT SEPTIC TANK = 495.97
 GROUND ELEV. AT SEPTIC TANK = 499.75
 INVERT IN AT DIST. BOX = 495.00
 GROUND ELEV. AT DIST. BOX = 498.10

REV. 11/29/2012 PER ILL. 01/28/PT.

Firm Name and Address
 AST CONSULTANTS INC.
 7884 JAMES AVENUE
 ELLICOTT CITY, MD 21043
 (410) 988-2000 / (P)
 ATTN: AMRISH PATEL PE
 amr.patel@astconsultants.com

Project Name and Address
 PATEL PROPERTY
 12300 SCAGGSVILLE ROAD,
 FALLS CHURCH, VA 22074

PLOT PLAN
 PARCEL 108
 TAX MAPS: 40, GRID: 18 PARCEL 108
 ZONING: RE-200
 5th ELECTION DISTRICT, HOWARD COUNTY, MD



PLAN VIEW
 SCALE: 1"=30'