

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

**B 00149366XB**

Building Address 5550 MONTGOMERY Rd  
ELLCOTT CITY MD 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 60402 Subdivision Miles Property  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 31 Parcel 755 Grid 21  
Zoning R-20 Map Coordinates 1556 Lot size 2.708

Property Owner's Name STEPHEN R. FULF  
Address 5550 MONTGOMERY ROAD  
City ELLCOTT CITY State MD Zip Code 21043  
Home Phone (410) 465-3191 Work Phone 301-206-5070  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Cell 301-580-6431  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENTIAL SF HOME  
Proposed Use SAME W/ ADD  
Estimated Construction Cost \$ 100,000 # 2 STOREY  
Description of Work APPROXIMATELY 1000 SF ADDITION  
TO REAR OF BLDG. (1) KITCHEN + 2 BR'S  
+ (1) LAUNDRY ROOM + CLOSET + 10 WALKER BATH  
210 X 14 (2) 10 X 10 X (2) 10 X 14 MOOLS -

Contractor Company (OWNER-)  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name Owner  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company STEWART MCCREARY  
Contact Person CRAIG STEWART  
Address 8329 MAIN STREET  
City ELLCOTT CITY State MD Zip Code 21043  
Phone 410 465-7687 Fax 410 465-7737

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: 10' x <del>10'</del> 50' 2nd floor: 10' x <del>10'</del> 50' Basement: 10' x <del>10'</del> 39'	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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>4</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Stephen R. Fulf  
Applicant's Signature  
(OWNER)  
Title/Company \_\_\_\_\_

STEPHEN R FULF  
Print Name  
JULY 12, 2004  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

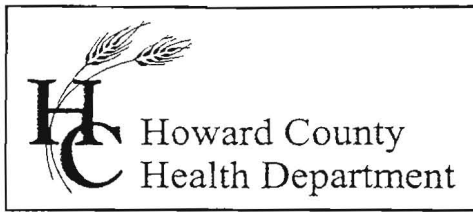
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>52869</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1699</u>
	Validation # <u>73464</u>

Accepted by [Signature]

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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

July 26, 2004

Stephen R. Fultz  
5550 Montgomery Road  
Ellicott City, MD 21043

RE: Howard County Permit Application  
Number: B00149366  
5550 Montgomery Road, Ellicott City MD 21043

Dear Mr. Fulz:

This office has recently received the referenced building permit application; however, we cannot recommend approval at this time.

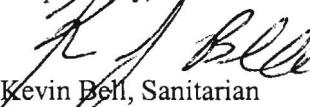
State regulation (COMAR 26.04.02) stipulates that local health departments shall not recommend the approval of building permits for any property served by an on-site well and or septic system unless the approving authority is satisfied that the existing septic system can hydraulically handle and adequately treat both current and future wastewater flows.

Our records indicate that the house was built in the year 1900 and is currently served by a septic system. Our office does not have any records of this septic system or whether there was a repair or upgrade to this system. It is important for you to understand that conventional septic systems (drywells or gravel trenches) installed in appropriate soil conditions will eventually cease to function hydraulically and may cause problems requiring a septic repair. Most septic systems installed in appropriate soil conditions and maintained properly, last an average of 20 years.

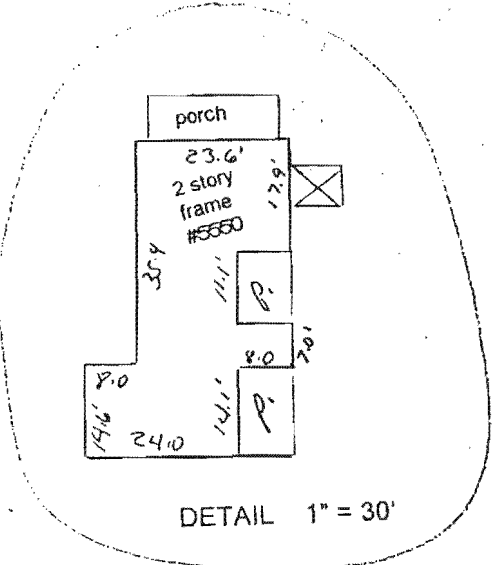
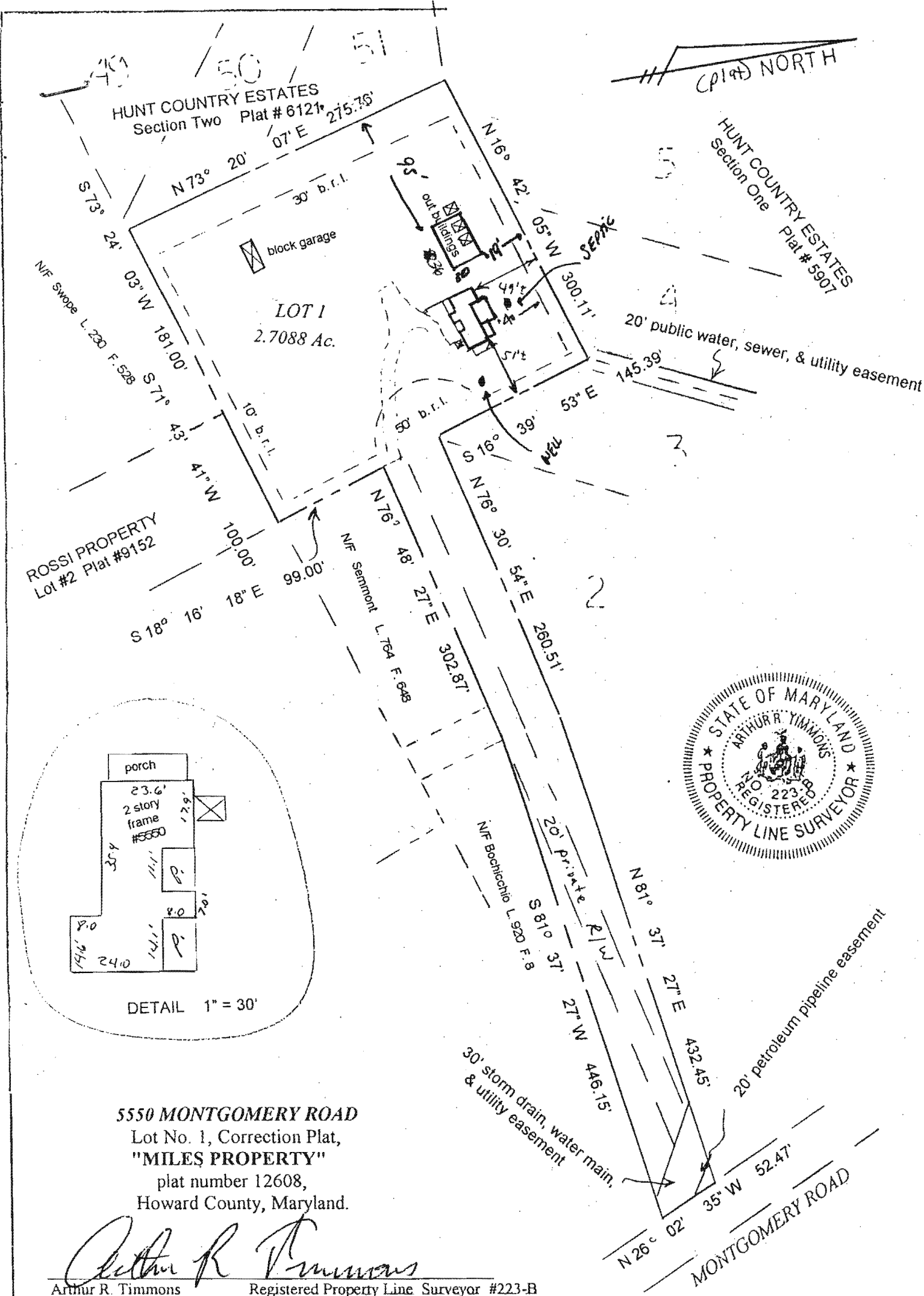
Given that public sewer is available through Howard County Public Works, the Bureau of Environmental Health Department under this circumstance, cannot approve of a septic system repair in an area where public sewer is available. Therefore, approval of the referenced building permit cannot be granted until the house is connected to public sewer and the existing septic system is properly abandoned.

If you any have further questions regarding this matter, please contact me at (410) 313-1771. Information regarding connections to public sewer can be obtained through the Department of Inspections, Licenses and Permits at (410) 313-2455.

Respectfully,

  
Kevin Bell, Sanitarian  
Well and Septic Program

sjn  
cc: DILP  
File

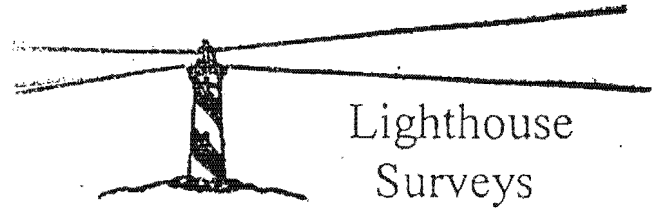


**5550 MONTGOMERY ROAD**  
 Lot No. 1, Correction Plat,  
 "MILES PROPERTY"  
 plat number 12608,  
 Howard County, Maryland.

*Arthur R. Timmons*  
 Arthur R. Timmons Registered Property Line Surveyor #223-B

FLOOD ZONE "C" FILE 00T-2234

**HOUSE LOCATION DRAWING**



Lighthouse Surveys  
 332 Wendy Way, Glen Burnie, MD 21061  
 Phone: 410-804-3060 Fax: 410-760-1804

**NOTE:**

This location drawing is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agents in connection with contemplated transfer, financing, or refinancing. It is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. It does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

The location of improvements are shown to a tolerance of 3/16".  
 Date 9-24-00 Scale 1" = 100' 00945 T

A518005-C

Building Address 5550 MONTGOMERY ROAD  
ELLICOTT CITY, MD 21043

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

Census Tract 601102 Subdivision Mikes Property

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 31 Parcel 755 Grid 20

Zoning R20 Map Coordinates N636 Lot size \_\_\_\_\_

Property Owner's Name STEPHEN R. FULF

Address 5550 MONTGOMERY ROAD

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410-480-3911 Work Phone 301-306-5070

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

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

Existing Use SFD

Proposed Use GARAGE FOR SALES

Estimated Construction Cost \$ 20,000

Description of Work 3 CAR GARAGE  
DETACHED 32x40 1 STORY.  
DRIVE THROUGH 2 BAY WITH DOOR ON THE

Contractor Company OWNER

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

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Occupant or Tenant OWNER

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: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:	Heating System:
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System:
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings:	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<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.

Stephen R. Fulf  
 Applicant's Signature

STEPHEN R. FULF  
 Print Name

NOVEMBER 8, 2002  
 Date

Title/Company \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

AGENCY	DATE	SIGNATURE APPROVAL	DIZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: <u>50'</u>	<u>52869</u>
State Highways			Rear: <u>30'</u>	City fee \$ _____
Building Official			Side: <u>10'</u>	Permit fee \$ _____
Dev. Engineering DPZ			Side St. <u>1'</u>	Excise tax \$ _____
Health	<u>11/21/02</u>	<u>Stephen R. King</u>	All minimum setbacks met? <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Check # <u>1488</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>1524</u>
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

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



July 12, 2004

MEMORANDUM

TO: File  
5550 Montgomery Road  
A518005-C

FROM: Mark Rifkin  
Well and Septic Program

RE: Proposed addition (no BR reported)

Walk-in discussion with owner who is proposing an addition to ex. house. reportedly built in 1790. Owner reports tank replacement about 20 years ago, no records/permit known; no records known of drainfield. Location of tank suggests drainfield is at least partially off the subject lot (not discussed this date). Owner also reports SRK made inspection for BP review of detached garage in 2002 (no repair required).

Property is in Metro District, and is served by sewer line 200' +/- away. I advised owner of regs RE: septic system cert for BP and regs prohibiting septic repair in presence of sewer availability. Owner objects to predicted connection costs (\$10K) as reported to him by DPW (?). Most importantly, owner claims the absence of "problems" with his ex. septic system is adequate proof of function/operation, despite attempts to educate him otherwise.

I advised him if he can document extreme difficulties in complying with connection req'ments, then repair permit could be issued. I don't expect such difficulties to be present. Owner left commenting he would not add the addition if sewer requirement stayed in effect, but I suspect owner may add the addition without suitable permit--- given owner's own report of relative seclusion of house despite being surrounded by public sewer subdivisions, owner's assertions about septic operation, and owner's disposition.

MR  
cc: File