

G-9549

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00 157924

Building Address 8485 Murphy Rd.  
 Suite/Apt. #: 08-435234 SDP/MWP/Petition #: \_\_\_\_\_  
 Census Tract 607102 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot Parcel 1  
 Tax Map 46 Parcel 378 Grid \_\_\_\_\_  
 Zoning R-2-100 Map Coordinates 1837 Lot size 3.00

Property Owner's Name Paul + Jacqueline Lewis  
 Address 1906 Hammonds Drive  
 City ADELPA State MD Zip Code \_\_\_\_\_  
 Home Phone 301-776-8228 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work Custom SFD -

Contractor Company HAL MARKER CO. INC  
 Contact Person JOY RICHMAN  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone 301-776-8228 Fax \_\_\_\_\_

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

Engineer or Architect Company LDE, INC  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
No. of stories:		<input type="checkbox"/> Public		<u>Depth</u>	<u>Width</u>	<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms <u>4</u>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		Height:		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>		No. of efficiency units:		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>		No. of 1 BR units:		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 2 BR units:		Sprinkler system: N/A <input type="checkbox"/>	
		<input type="checkbox"/> Full		No. of 3 BR units:		<input type="checkbox"/> NFPA #13D	
		<input type="checkbox"/> Partial		Other Structure:		<input type="checkbox"/> NFPA #13R	
		<input type="checkbox"/> Other Suppression		Dimensions:		<input type="checkbox"/> Other:	
		# of Heads		Footings:			
				Roof Height:			
				<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.

Applicant's Signature

Print Name

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	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee: \$ _____
State Highways			Rear: _____	Permit fee: \$ _____
Building Official			Side: _____	Excise tax: \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee: \$ _____
Health	<u>3/2/06</u>	<u>Judith</u>	All minimum setbacks met?	TOTAL FEES: \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Department Control approval required prior to issuance?			Is Entrance Permit required?	Balance due: \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check: \$ <u>3079</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation: \$ <u>150.00</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New Town Zone	
White: Building Official			SDP/Red-line approval date	Accepted by: _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

69549



Walk thru

# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 8485 Murphy Rd  
 City: Laurel State: MD Zip Code: 20734  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SF home  
 Proposed Use: SF home w/ Deck  
 Estimated Construction Cost: \$ 10,000  
 Description of Work: Build Approx 8x13; 124sqft Deck w/ steps to grade (12)

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Paul Lewis  
 Address: 8485 Murphy Rd  
 City: Laurel State: MD Zip Code: 20734  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (if other than stated herein)**  
 Applicant's Name: Edward Pacylowski/Josie Rose  
 Address: 13330 Clarksville Pike  
 City: Highland State: MD Zip Code: 20777  
 Phone: 301-854-0821 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Pro-Built Construction  
 Contact Person: Edward Pacylowski  
 Address: 13330 Clarksville Pike  
 City: Highland State: MD Zip Code: 20777  
 License No.: 20247  
 Phone: 301-854-0821 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure: <u>Deck</u>	
	Dimensions: <u>8x13</u>	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>concrete</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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.

Applicant's Signature: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: Edward Pacylowski  
 Date: 10-31-12

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 )	<u>10-31-12</u>	<u>Dona Burrell</u>
Health		

**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 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	\$
Check	#

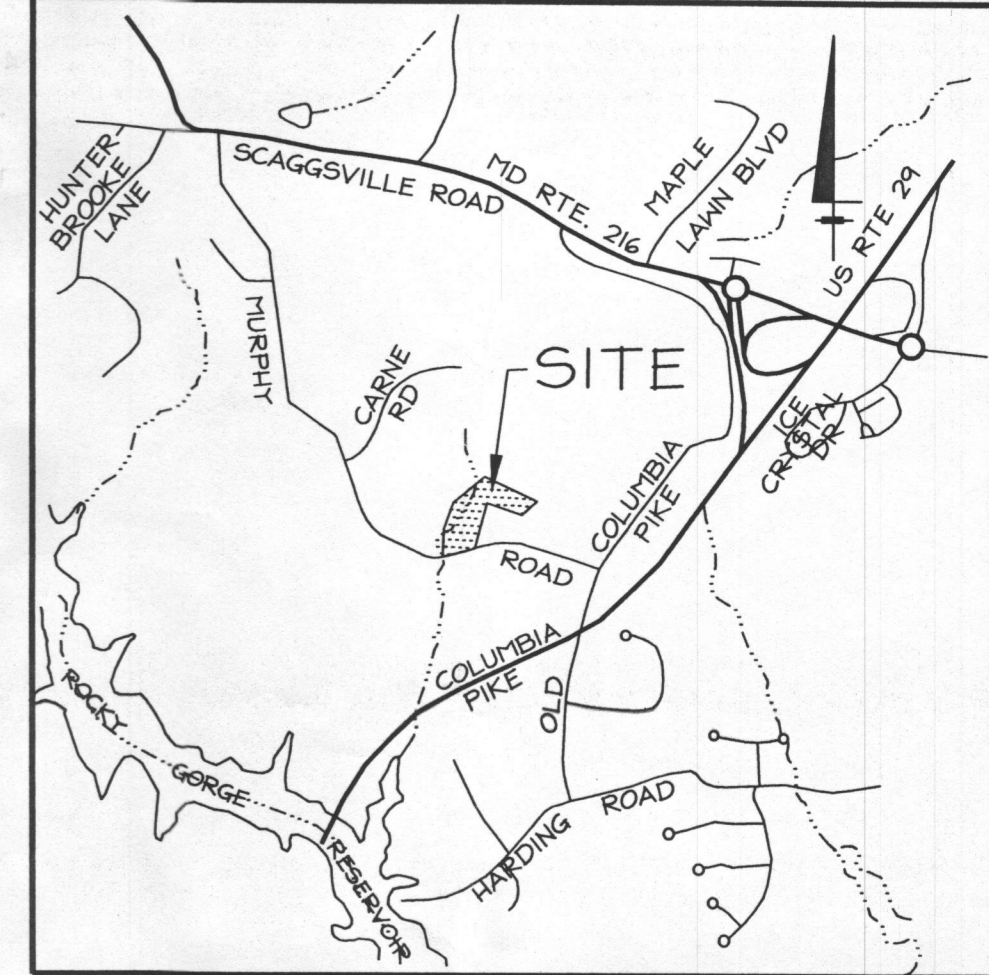
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

**SEWAGE SYSTEM DESIGN DATA**

- 1 Invert @ Foundation Wall: 351.00
- 2 1500 Gallon Septic Tank (4 Bedrooms)  
Provide Manhole to Finished Grade
  - A. Ex. Ground Over Tank: 351.00
  - B. Prop. Grade Over Tank: 351.00
  - C. Invert In: 346.30
  - D. Invert Out: 348.00
- 3 1500 Gallon Pump Chamber
  - A. Existing Ground Over Pump: 350.00
  - B. Proposed Grade Over Pump: 350.00
  - C. Invert In: 346.50
  - D. Invert Out: 347.00
- 4 Distribution Box: (Provide 3 Outlets Minimum)
  - A. Ex. Ground Over Box: 367.00
  - B. Prop. Grade Over Box: 367.00
  - C. Invert In: 364.00

Note: Trench layout & design may be revised at time of installation based on site conditions.

This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.



**VICINITY MAP**

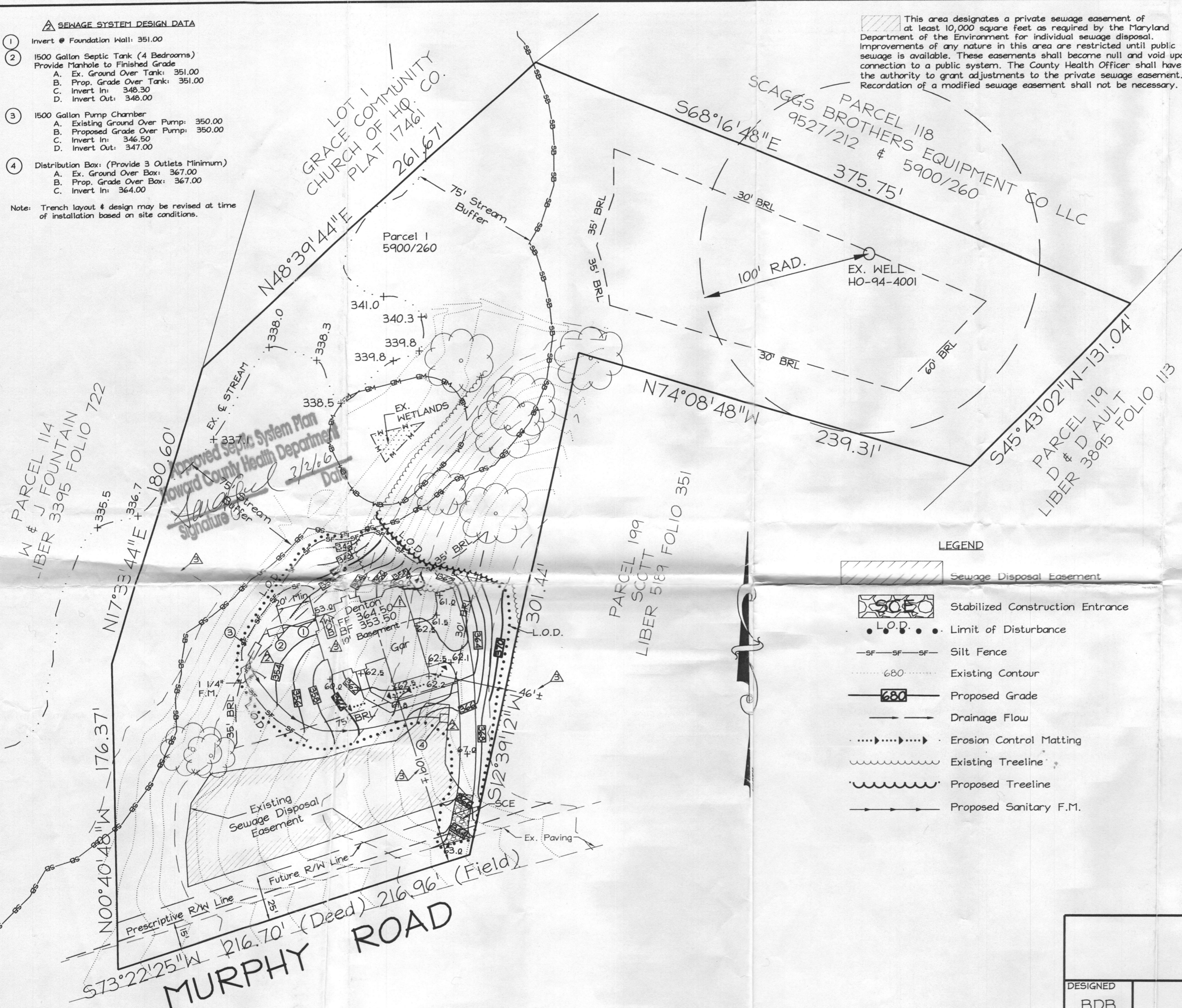
1" = 2000'

**Notes:**

1. Existing Zoning: RR
2. Deed Reference: Liber 5900 Folio 260
3. Total Lot Area: 3.00 Ac. ±
4. The lot shown hereon comply with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
5. The Topography shown hereon is taken from drawings prepared by Robert H. Vogel Engineering INC. dated 5/04.
6. The existing wells have been shown within 100 feet of the lot which may effect this proposal.
7. Limit of Disturbance: 17,130 Sq. Ft. +/-
8. The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch macadam surface.
9. See architectural plans for building dimensions.
10. The existing well shown on this plan (identified with the attached well tag number HO# 94-4001) has been field located by LDE, Inc., Professional Land Surveyors and accurately located.
11. Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.
12. The topography and stream elevations shown on this plan have been field verified by LDE, Inc. on 2/06/06.
13. The basement elevation of 353.50 shown is 15' above the stream elevation of 338.50.

**LEGEND**

- Sewage Disposal Easement
- Stabilized Construction Entrance
- L.O.D. Limit of Disturbance
- Silt Fence
- Existing Contour
- Proposed Grade
- Drainage Flow
- Erosion Control Matting
- Existing Treeline
- Proposed Treeline
- Proposed Sanitary F.M.



Approved Septic System Plan  
Howard County Health Department  
Signature  
Date 2/2/06

REVISIONS			
By	Date	No.	Description
LDE	2/06	1	RAISIBASEMENT FLOOR ONE (1) FOOT
LDE	2/06	2	REVIS SEPTIC TANK & DISTRIBUTION BOX LOCATION
LDE	2/06	3	REVIS HOUSE FOOTPRINT AND POSITION
LDE	2/06	4	REMOVE CIRCULAR DRIVEWAY

Building Permit #B00157924

**LDE Inc.**  
Engineers, Surveyors, Planners  
9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045  
(410)715-1070 - (301)596-3424 - FAX(410)715-9540

DESIGNED BDB	PLOT PLAN FOR BUILDING PERMIT #8485 MURPHY ROAD	SCALE 1" = 40'
DRAWN KBW	<b>SCAGGS PROPERTY PARCEL 1</b>	DRAWING 1 of 1
CHECKED BDB	Tax Map No. 46 - Grid No. 9 - Parcel 378 5th Election District - Howard County, Maryland	JOB NO. 05-039
DATE 12/2005	OWNER: Scaggs Brothers Equipment Co. 3258 Bethany Lane Ellicott City, MD 21042	BUILDER: Hal C. Marker & Co. 10524 Hunters Way Laurel, MD 20723 301-776-8228