

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B0050810 **KJB**

Building Address 13345 Scaggsville Rd  
Eunon, MD 20759  
 Suite/Apt. #: TAX ID # 05-345060 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 10510 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 40 Parcel 136 Grid 18  
 Zoning \_\_\_\_\_ Map Coordinates 18E2 Lot size \_\_\_\_\_

Property Owner's Name VAN HULSTAM  
 Address 13345 Scaggsville Rd  
 City EUNON State MD Zip Code 20759  
 Home Phone 301-554-1493 Work Phone 301-686-7771  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
AGENT - BEN TRUE  
 Phone 443-399-0988 Fax \_\_\_\_\_

Existing Use SFD.  
 Proposed Use small addition  
 Estimated Construction Cost \$ 30,000.00  
 Description of Work extend master bedroom, kitchen/ Build new addition, partially finished basement, fire place

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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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.

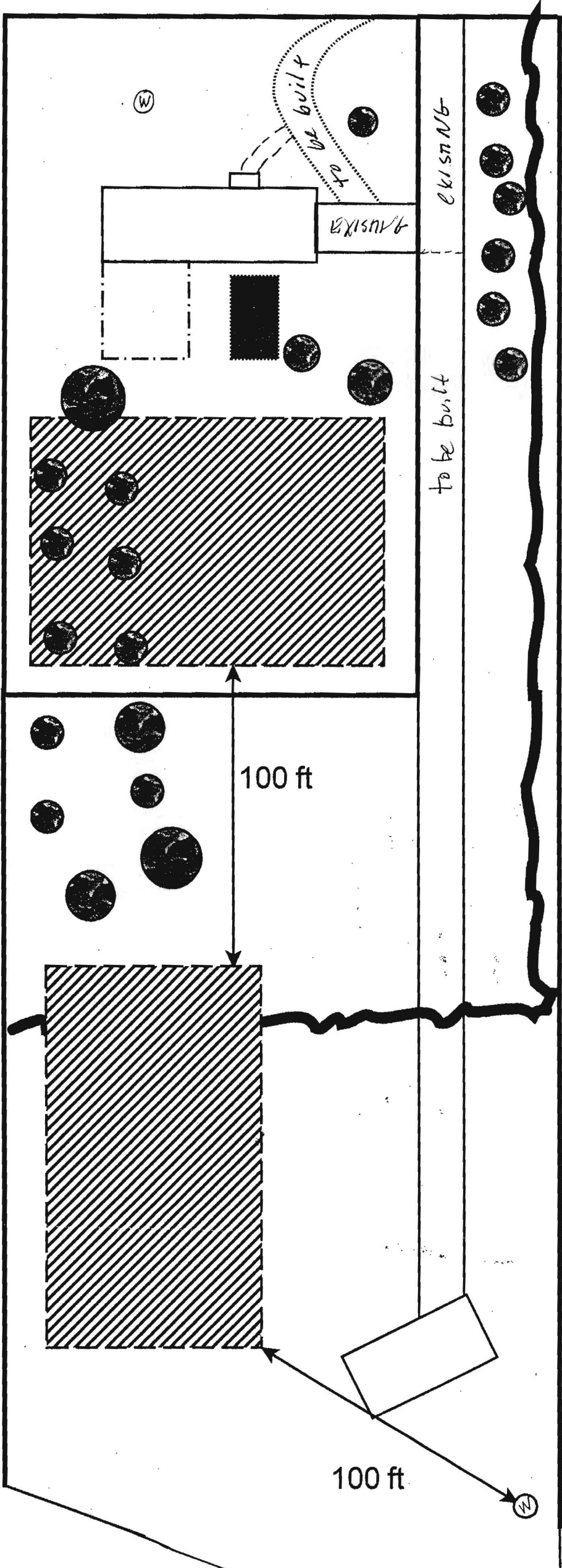
Ben True  
**Applicant's Signature**  
Peluse Building & Remodeling Inc.  
**Title/Company** Agent for owner

Beverly True  
**Print Name**  
10/13/04  
**Date**

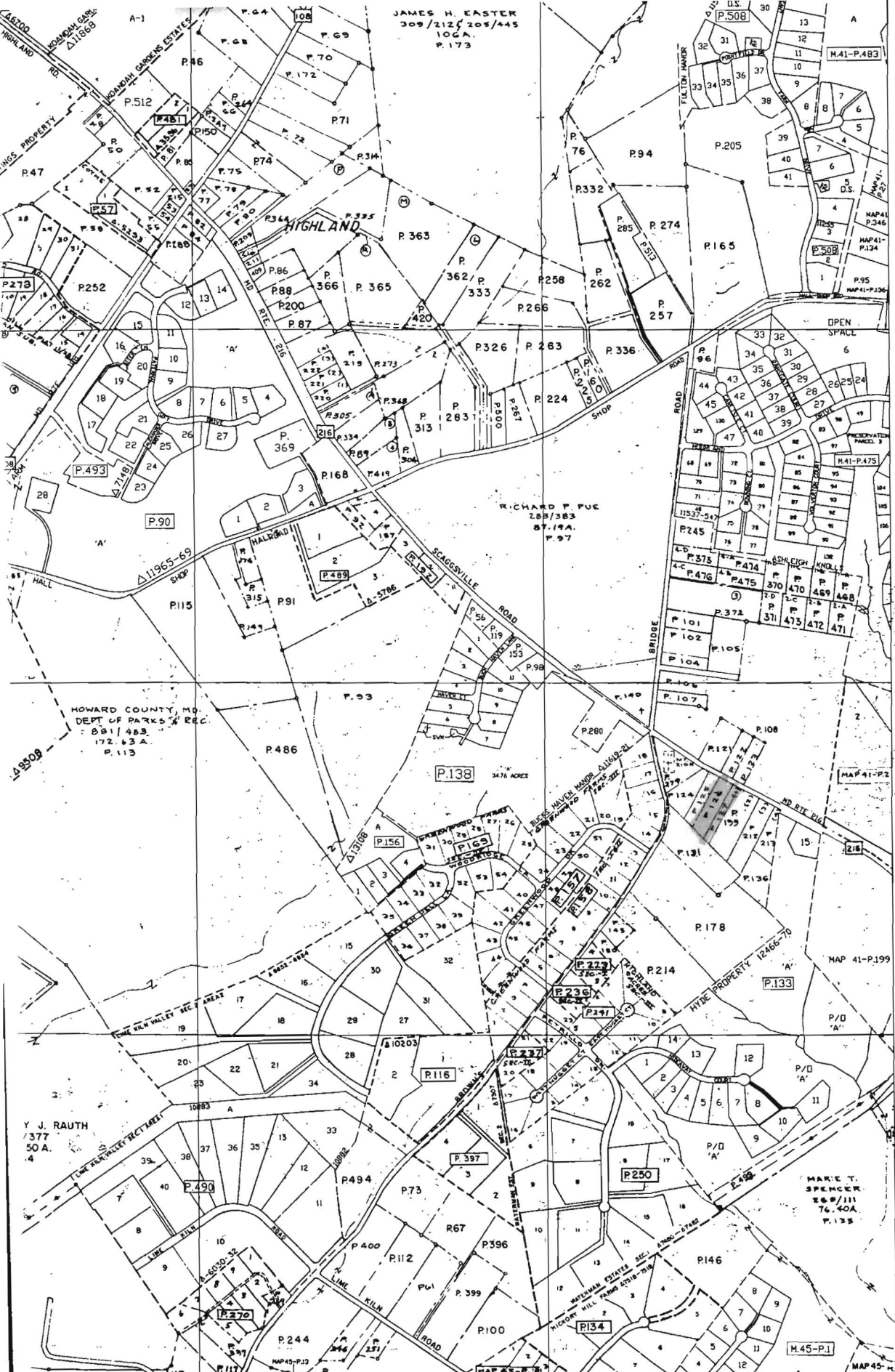
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	63727
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1214</u>
				Validation # <u>7/20</u>

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







489

486

483

480

**OFFICE OF PLANNING AND ZONING SECTION**

PROPERTY LINE  
SUBDIVISION BOUNDARY  
CONTINUING OWNERSHIP

SCALE 1"=800' (RF 17200)

LIBER BY '98 AB

DATE P. NO. PHOTO QUADRANGLE

**OP**  
MARYLAND  
Office of Planning

HOWARD COUNTY,  
MARYLAND

800-480  
MAP NO.  
40

815

818

164820.5mN  
405512.4mE

761.  
8/13/99  
10:00

# APPLICATION

~~CANCELLED~~

APPLICANT INDICATES  
ZONING DID NOT  
RECOGNIZE 2 SEPARATE  
LOTS HERE PRACTICAL TO  
THRU SUB

PERCOLATION TESTING  
NOT GO  
PROPOSED PROBABILITY LINE ADJUSTMENT  
SEE ALSO PARCEL 126

VISION PROCESS  
8/3/99 (CW)

EXISTING HOUSE #25 REPAIR EEE  
- VOLUNTARY SYSTEM REPLACEMENT

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

A \_\_\_\_\_

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Horace C Rogers c/o Will Smith

ADDRESS 12343 Rt 216 Fulton PHONE 410-521-4400

AGENT OR PROSPECTIVE BUYER Phillips + Elizabeth Richie - ADDRESS ALL CORRESP.

ADDRESS 25359 MOUNT POINT LN Greengboro PHONE 410-479-1487

PROPERTY LOCATION:

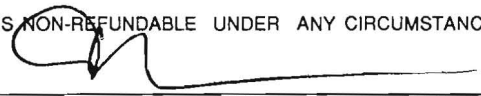
~~SUBDIVISION~~ \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 12343 Route 216

TAX MAP 40 PARCEL # 127

SIZE OF LOT approx 1 acre TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

SITE INSPECTION SHEET

OWNER: Fran Rogers  
ADDRESS: 12343 Scaggsville Rd  
is 12345

DATE REQUESTED: 10/13/94

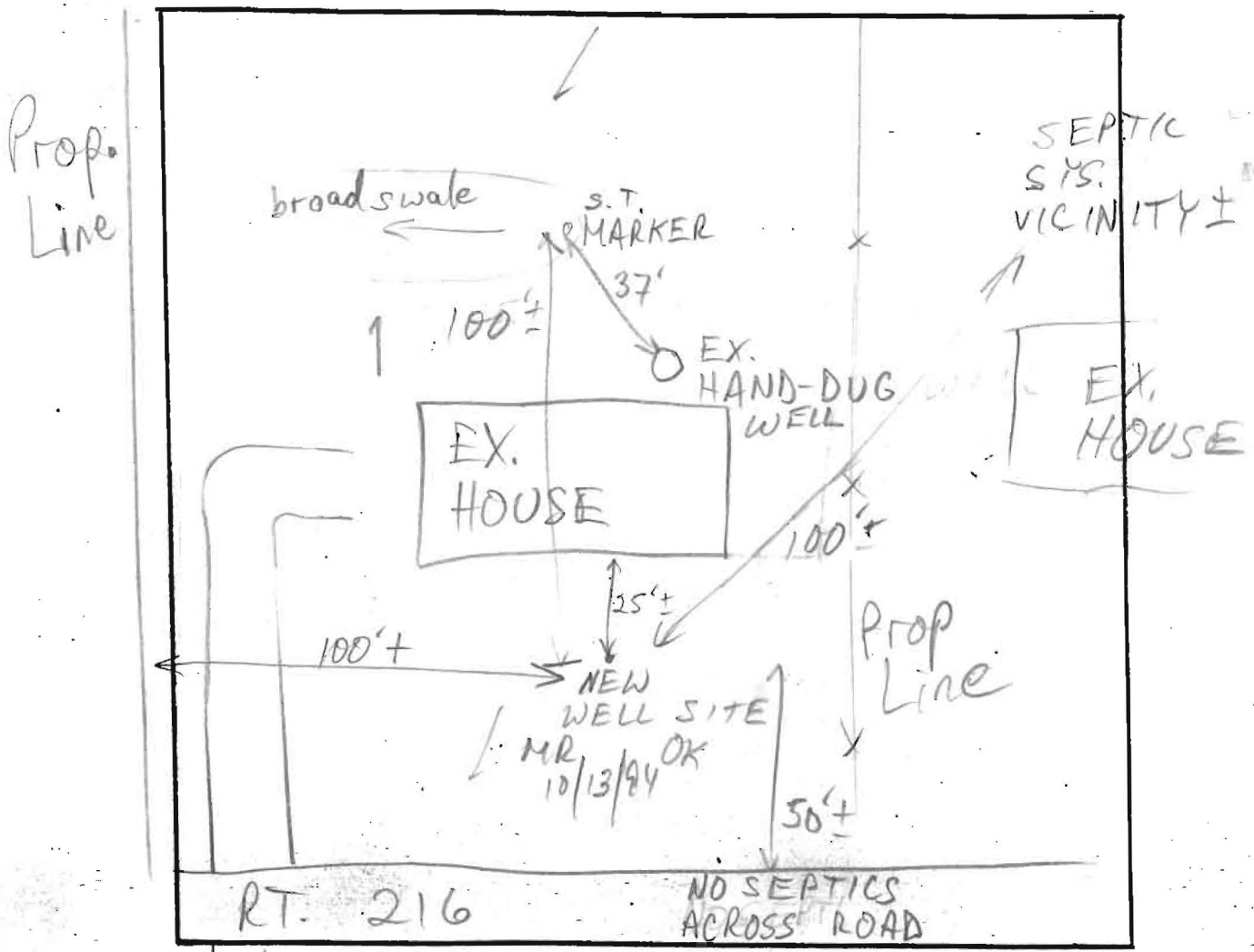
DRILLER: Easterday

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

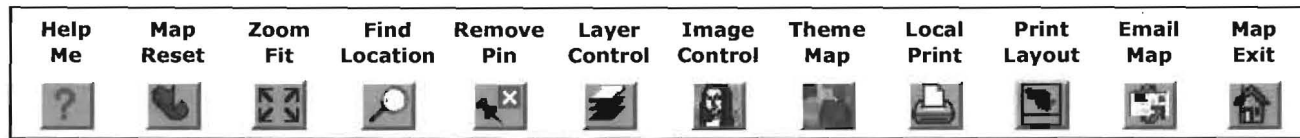
PROPOSAL: EX. HAND DUG WELL PRODUCING MUDDY H<sub>2</sub>O;  
REPLACEMENT REQUESTED MR

LOCATION DIAGRAM



COMMENTS: 10/13/94 NEW WELL SITE OK AS SHOWN MR  
TAG PROVIDED, PERMIT APPL. IN MAIL MR

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_



12351-  
520346-B  
520087-A  
A 37977 (well)

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities