

CB 2047

PERMIT NUMBER: B 23002474

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: 12007 SCAGGSVILLE RD		Unit:
City: FULTON	State: MD	Zip Code: 20759
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map: 0041	Parcel: 0075
Grading Permit #:		

DESCRIPTION OF WORK *REQUIRED*

Existing Use: SINGLE FAMILY HOME	Proposed Use: SINGLE FAMILY HOME	Estimated Cost: \$65,000.00
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

Remodeling existing first floor. Remove interior partition walls. Provide new full bathroom. Remove and replace existing cabinets.

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (<i>As it appears on tax records</i>): GONZALO FRANCO LIZARAZU		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12007 SCAGGSVILLE RD		
City: FULTON	State: MARYLAND	Zip Code: 20759
Phone: (240) 701-6720	Email: meleruss@gmail.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNED THIS APPLICATION*

Business Name:	Contact Name: LUIS MOYA
Street Address: 11801 ROCKVILLE PIKE APTO 812	
City: NORTH BETHESDA	State: MARYLAND
Phone: (301) 257-9359	Email: luismoy7@hotmail.com

CONTRACTOR INFORMATION *REQUIRED*

Business Name: Owner		License #:
Licensee's Name:		
Street Address: 12007 SCAGGSVILLE RD		
City: FULTON	State: MARYLAND	Zip Code: 20759
Phone: (240) 701-6720	Email: meleruss@gmail.com	

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:
Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #	Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13A <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None
Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac	

ADDITIONAL RESIDENTIAL INFORMATION (*PLEASE SELECT/COMPLETE ALL THAT APPLY*)

Model Name & Options:				
# of Bedrooms (SF): 3	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: 7	# Full Baths: 1	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width: 66	1 st Fl Depth: 28	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width:
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft		
		Occupiable Area: 1170 sq ft		

AGREEMENT/ DISCALIMER *REQUIRED*

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 ORIGINAL SIGNATURE: *Moya* DATE SIGNED: 06-29-23

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

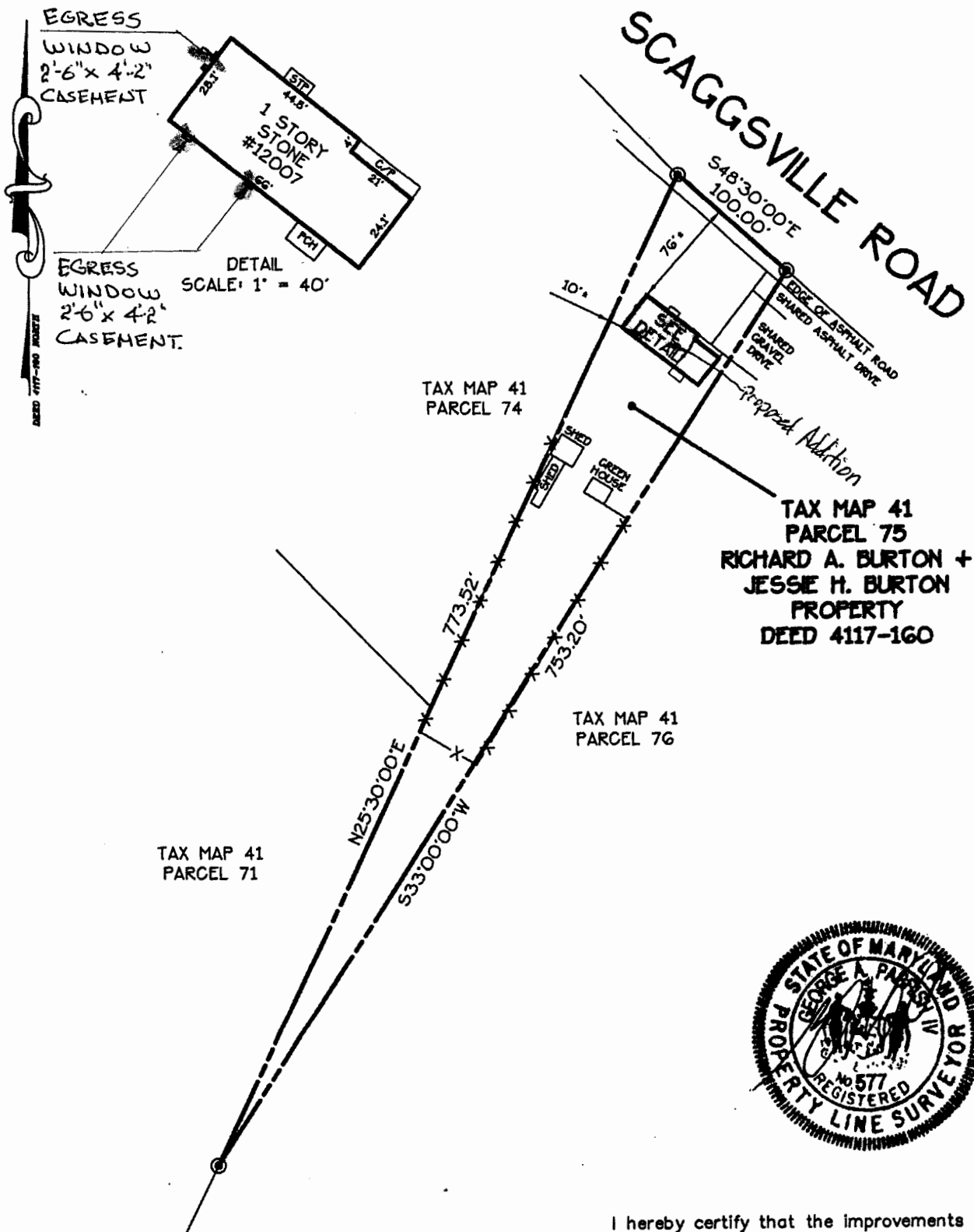
AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health <u>R/E</u>	<input type="checkbox"/> SHA
<input type="checkbox"/> CID	SUBMITTAL FEES: <u>13500</u>		PAYMENT: <u>100</u>	
ACCEPTED BY: <u><i>rel</i></u>				

CAPITOL TITLE

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SHEET 1 OF 2

This is a two page document and is not valid without both pages. See page two (or reverse) for Survey Notes.



I hereby certify that the improvements shown hereon, to the best of my professional knowledge

Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 344727

Owner Information

Owner Name: FRANCO LIZARAZU GONZALO Use: RESIDENTIAL
 JUAREZ ANA LETICIA GABRIEL Principal Residence: YES
 Mailing Address: 12007 SCAGGSVILLE RD Deed Reference: /21990/ 00262
 FULTON MD 20759-2401

Location & Structure Information

Premises Address: 12007 SCAGGSVILLE RD Legal Description: .852 ACRE
 FULTON 20759-0000 12007 SCAGGSVILLE RD
 FULTON

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0041 0019 0075 5020201.14 2001 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1951 1,764 SF 37,113 SF

StoriesBasementType ExteriorQualityFull/Half BathGarageLast Notice of Major Improvements
 1 NO STANDARD UNITBLOCK/4 1 full

Value Information

	Base Value	Value		
		As of 01/01/2023	Phase-in Assessments	
		As of 07/01/2022	As of 07/01/2023	
Land:	248,000	273,000		
Improvements	123,800	147,700		
Total:	371,800	420,700	371,800	388,100
Preferential Land:	0	0		

Transfer Information

Seller: WEATHERFOR NAN VIRGINIA Date: 05/31/2023 Price: \$455,000
 Type: ARMS LENGTH IMPROVED Deed1: /21990/ 00262 Deed2:
 Seller: MORTENSEN GREGORY E Date: 09/07/2016 Price: \$315,000
 Type: ARMS LENGTH IMPROVED Deed1: /17092/ 00326 Deed2:
 Seller: BURTON ROBIN L Date: 01/24/2013 Price: \$295,000
 Type: NON-ARMS LENGTH OTHER Deed1: /14627/ 00446 Deed2:

Exemption Information

Partial Exempt Assessments:Class 07/01/2022 07/01/2023
 County: 000 0.00
 State: 000 0.00
 Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49133

A REPAIR

DISTRICT _____

DATE 4/12/93

DATE SYSTEM APPROVED 4/14/93

INSPECTOR McRitkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~313-2640~~ 313-2640

INDEXED

Sam Lyons _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 10688 Scaggsville Road, Fulton, MD 21530 PHONE 725-3392

SUBDIVISION _____ LOT _____ ROAD 12007 Scaggsville Road

PROPERTY OWNER Vernon Brown

ADDRESS 12007 Scaggsville Road
Fulton, Maryland 20759

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - Extra septic capacity for existing house - existing septic system still functioning. Replacing septic tank. 04/12/93

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

R 49133

12007 SCAGGSVILLE RD

Detailed Search

Add Layer

2022 Aerial Photo

BASE MAP LAYERS

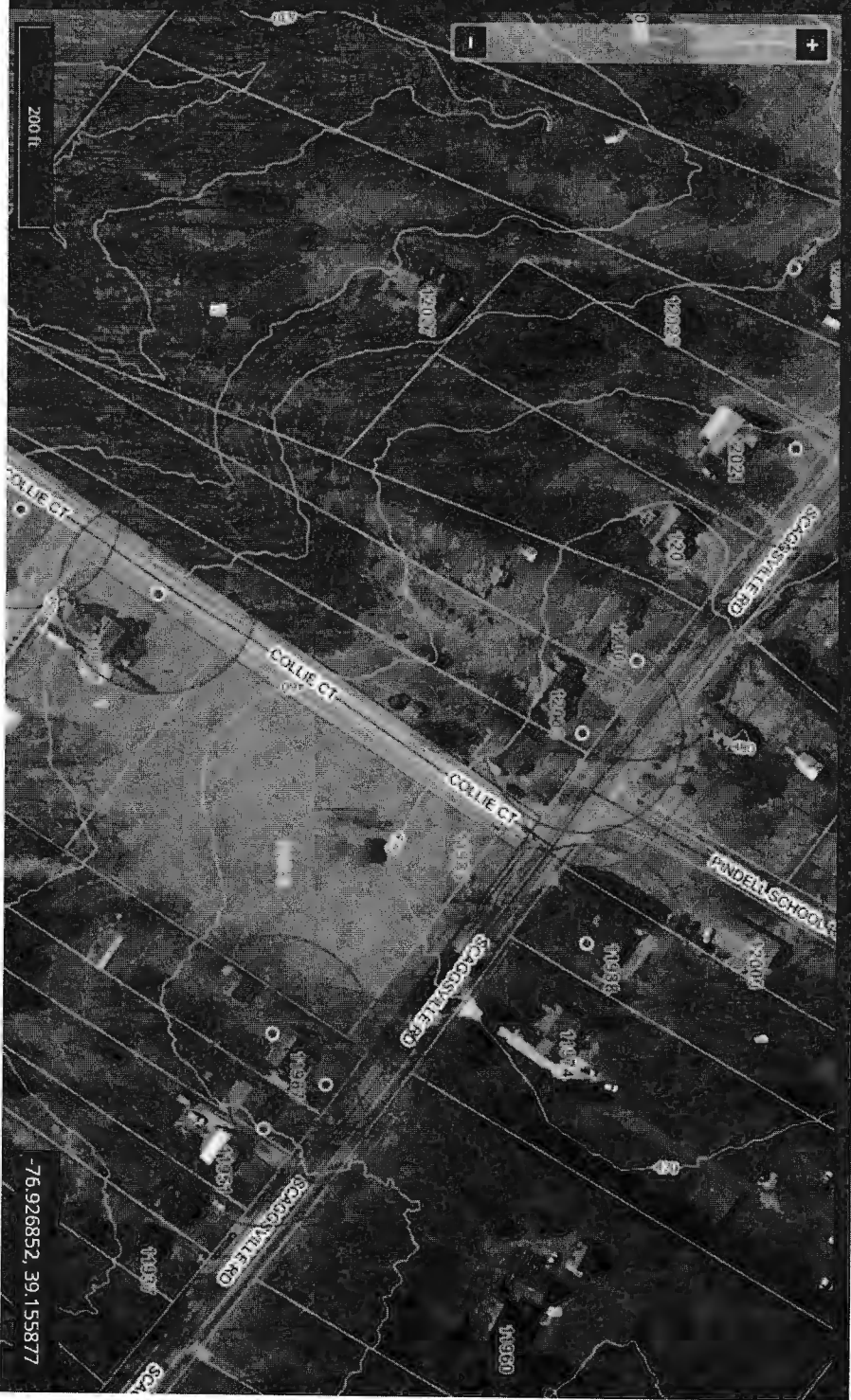
ADDRESS LABELS

COUNTY LINE

METROPOLITAN AREA

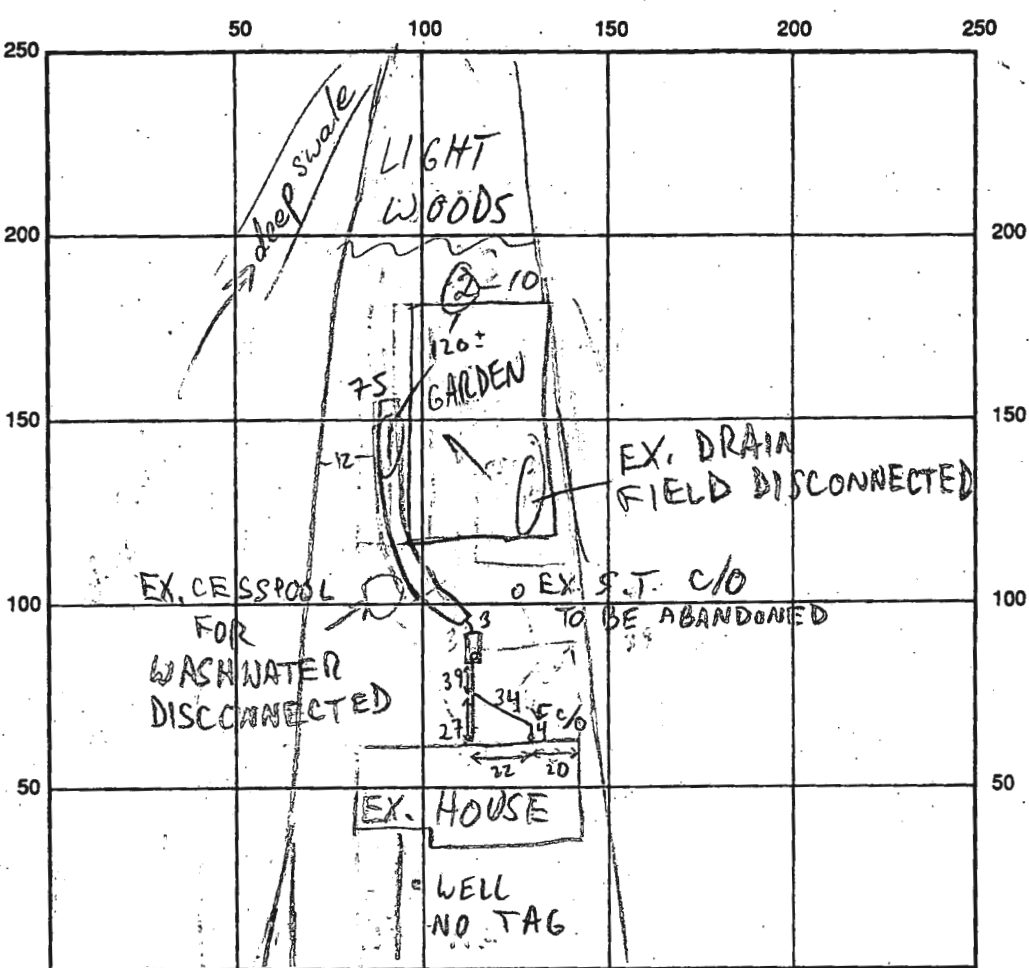
PROPERTY BOUNDARIES

SCANNED DRAWINGS



5 1/2
 4:22 4:23
 4:23 4:26
 3 min
 ①

org brn
 tan
 si cl lm
 brn mica
 sa lm
 10%
 saprolite
 frags
 WATER



②
 RUBBLE
 FILL
 w/ORG
 CLAY
 4
 ORG
 CLAY
 6
 brn
 tan
 sa si
 lm
 12
 13
 WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS INLINE + S.T. - OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 7-7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4-4 1/2 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 300± SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

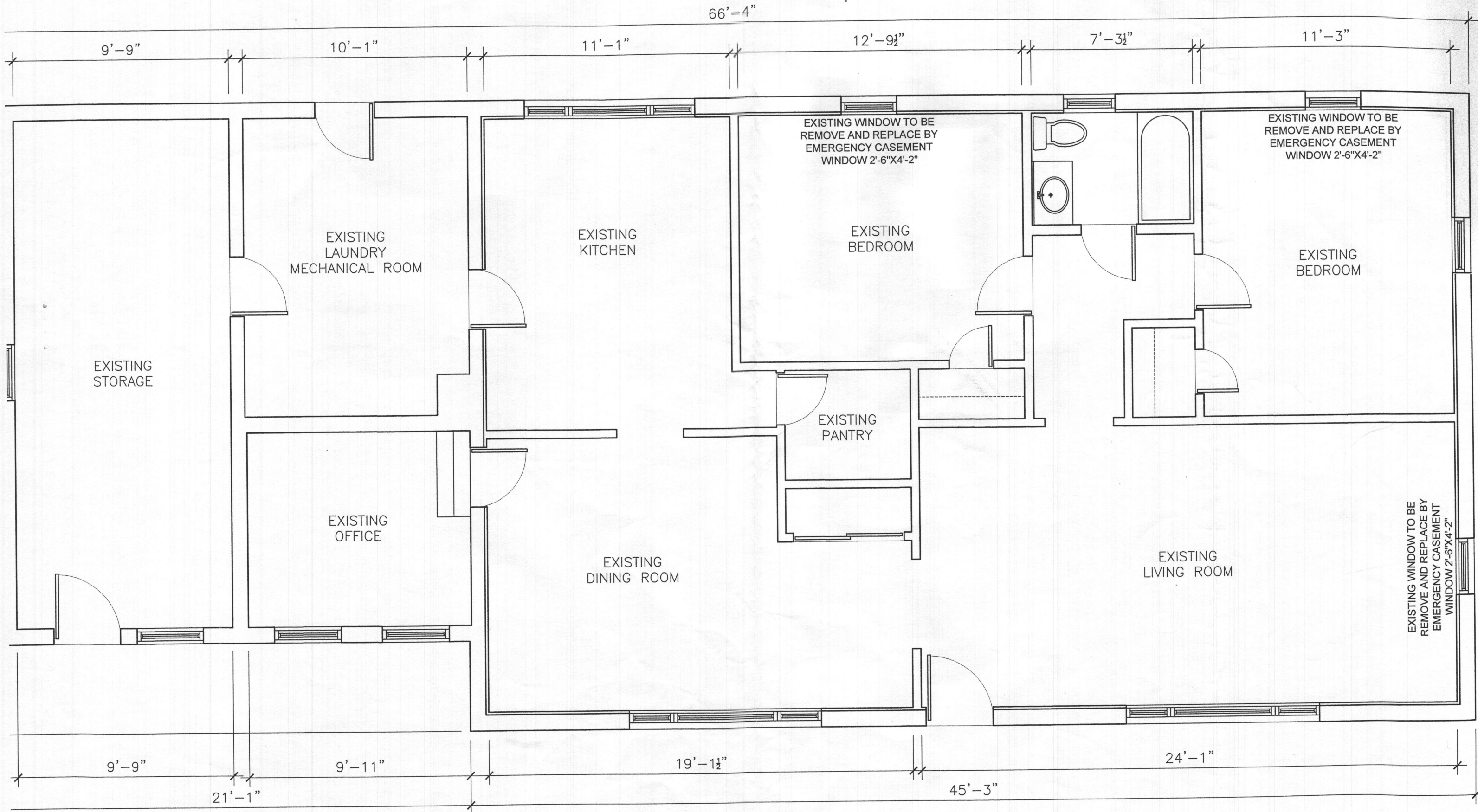
ABSORBENT AREA 300± SQ. FT.

REMARKS: 4/12/93 #1 REPAIR STARTED W/O PERMIT, CONSULTATION
W/F.S. TO FIX PERMIT PROBLEM; INSTALLER TO DIG HOLES MR
4/12/93 #2 PERC HOLES DUG AS PER DIAGRAM - EX. #1
SYSTEM @ 7 1/2; CONTINUE 3' TO 7' TRENCH MR
4/14/93 SYSTEM OK TO COVER; INSTALLER + I AGREED TO DISCONNECT
EX. DRAIN FIELD DUE TO AGE + H₂O TABLE CONCERNS MR

DATE SYSTEM APPROVED 4/14/93 INSPECTOR M. Riffin

Existing
First
Floor

12007 Scaggsville Rd

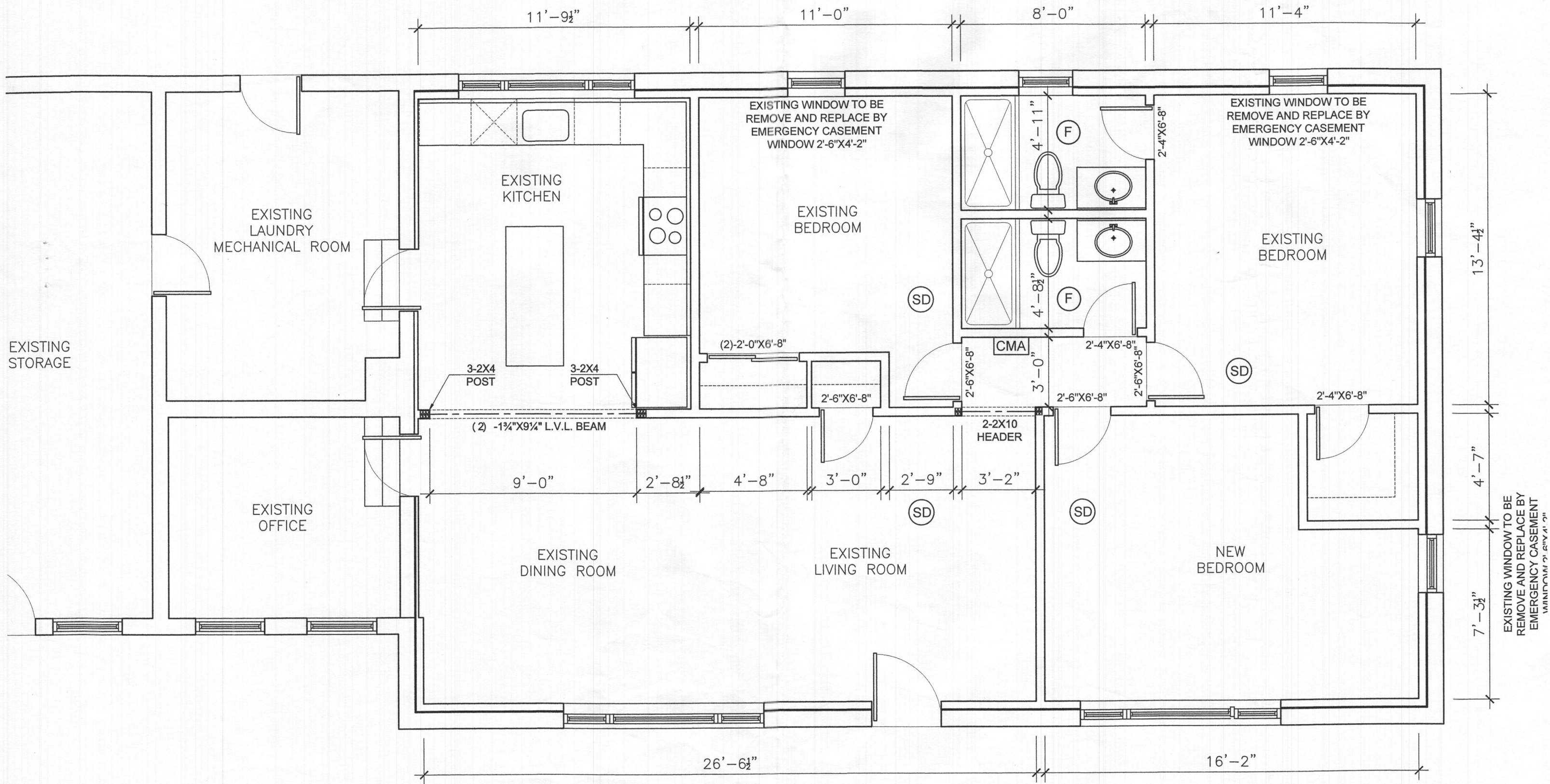


Approved A/E
 B23002474
 7/17/2023

TYP VINYL EMERGENCY CASEMENT
 WINDOW 30"X50"
 MINIMUM NET CLEAR HEIGHT
 DIMENSION SHALL BE 24".
 THE MINIMUM NET CLEAR OPENING
 WIDTH DIMENSION SHALL BE 20".
 MINIMUM NET CLEAR OPENING
 OF 5.7 SQUARE FEET.
 THE FINISHED SILL HEIGHT SHALL
 NOT BE MORE THAN 44 INCHES
 ABOVE THE FLOOR.

Proposed
 1st floor

12007 Scaggsville Rd



EXISTING WINDOW TO BE
 REMOVE AND REPLACE BY
 EMERGENCY CASEMENT
 WINDOW 2'-6"X4'-2"