

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07002663

Building Address 12815 Hall Shop Rd
Highland, MD 20777

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

Census Tract 605102 Subdivision _____

Section _____ Area 1.3473 acres Lot _____

Tax Map 40 Parcel 176 Grid 40-11

Zoning RR-DEO Map Coordinates _____ Lot size 1.3473 acres

Property Owner's Name William C. & Lisa R. Gouker

Address 12815 Hall Shop Rd

City Highland State MD Zip Code 20777

Home Phone 301-854-0047 Work Phone 240-372-7932

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

Phone _____ Fax _____

Existing Use open area behind Garage/office

Proposed Use Construct 7' Fenced area

Estimated Construction Cost \$ 700

Description of Work Erect a 7' Fenced area (20x32') behind Garage/office. Area to be used per Home Based Contractor Permit # HBC-06-006

Contractor Company Homeowner

Contact Person Bill Gouker

Address - Same -

City _____ State _____ Zip Code _____

License No. _____

Phone 240-372-7932 Fax _____

Occupant or Tenant Bill & Lisa Gouker

Contact Name Bill Gouker

Address - Same -

City _____ State _____ Zip Code _____

Phone 240-372-7932 Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: <u>2</u>	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input checked="" type="checkbox"/>
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>
Reinforced Concrete _____	Private <input checked="" type="checkbox"/>
Structural Steel _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: _____
State Certified Modular _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: <u>34'</u>	Private <input checked="" type="checkbox"/>
2nd floor: <u>26'</u>	Sewage Disposal: _____
Basement: <u>15'</u>	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: <u>30'</u>	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D <input type="checkbox"/>
Other Structure: <u>Garage/office</u>	NFPA #13R <input type="checkbox"/>
Dimensions: <u>25' x 32'</u>	Other: _____
Footings: <u>"pole Barn"</u>	
Roof Height: <u>15'</u>	
State Certified Modular _____	
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.

William C. Gouker

William C. Gouker

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			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment 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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\home\PERMIT.FRM			Pink: Health	Gold: SHA

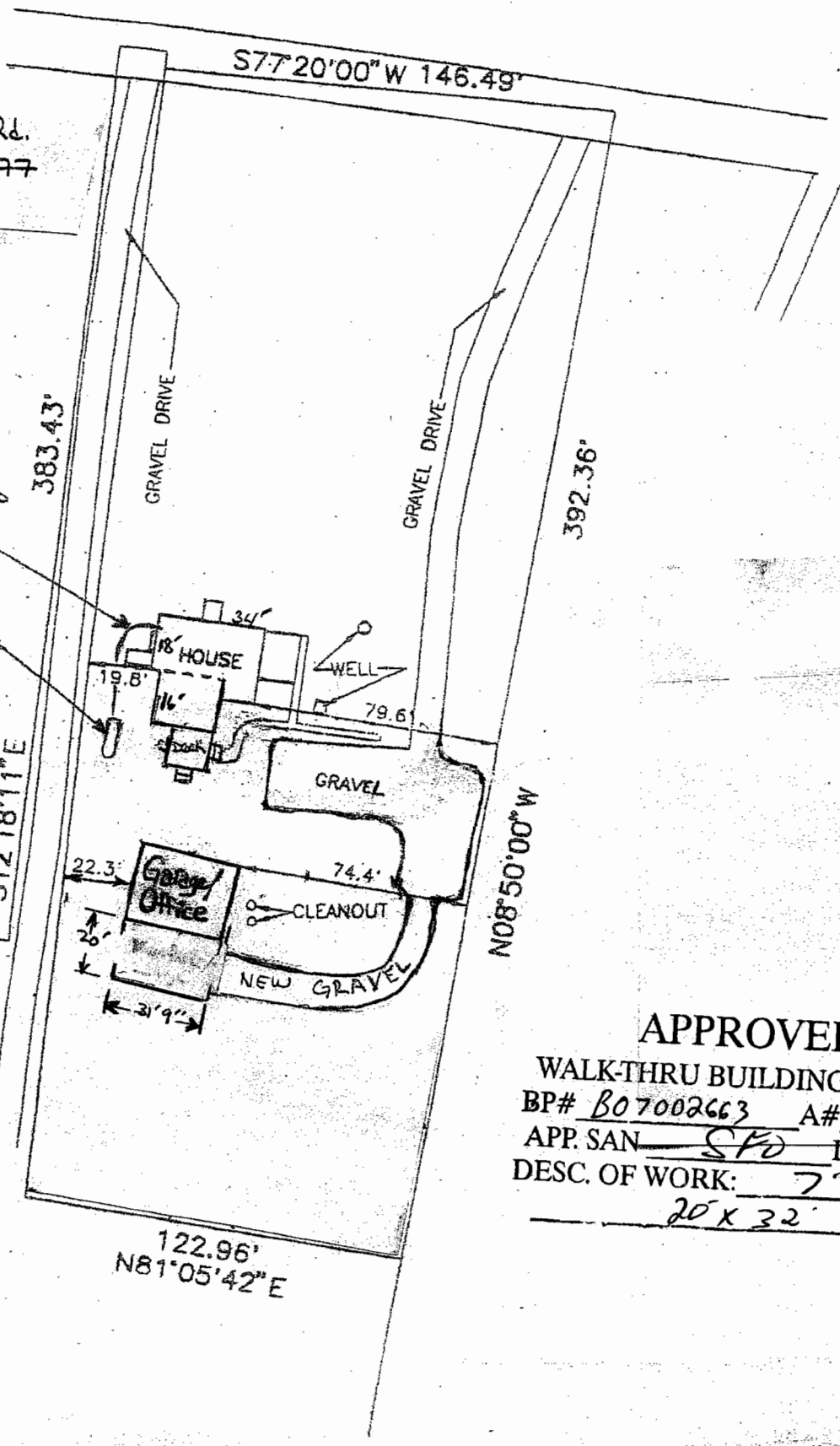
HALL SHOP ROAD

12815 Hall Shop Rd.
Highland, MD 20777

1" = 50'

gas line - 45 LF
buried @ 18" deep

1,000 gallon
Propane tank



APPROVED

WALK-THRU BUILDING PERMIT
 BP# B07002663 A# 38199-N
 APP. SAN SFD DATE: 6/20/07
 DESC. OF WORK: 7' Fence
20 X 32'

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06002985

Building Address 12815 Hall Shop Rd
Highland, MD 20777

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name William & Lisa Gouker

Address 12815 Hall Shop Rd

City Highland State MD Zip Code 20777

Home Phone 301-854-0047 Work Phone 240-372-7932

Applicant's Name & Mailing Address, (if other than stated hereon):
Call 240-372-7932

Phone 240-372-7932 Fax _____

Existing Use Garage/shop/shed

Proposed Use shop/office

Estimated Construction Cost \$ 5,000

Description of Work Open existing wall between Existing Shop & Sheds (existing const. is of "Pole Barn" type). Raise roof on Sheds approx 40" & tie into main floor. Add approx 80sq ft to "square off" bldg. Install 3/4" floor over 2x8 joist in former shed area

Contractor Company owner

Contact Person William Gouker

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone 240-372-7932 Fax _____

Occupant or Tenant William & Lisa Gouker 350 SF

Contact Name William Gouker

Address 12815 Hall Shop Rd

City Highland State MD Zip Code 20777

Phone 240-372-7932 Fax _____

Engineer or Architect Company owner

Contact Person William Gouker

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>13'</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>750</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame - Pole Barn _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth <u>24'</u> Width <u>32'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
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.

William C. Gouker
Applicant's Signature
Homeowner
Title/Company

William C. Gouker
Print Name
8/10/06
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>8/10/06</u>		<u>Helmut A. Cif</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection:			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LTD, DPZ			Yellow: DED, DPZ	Pink: Health
T:forms\PERMIT.FRM				Gold: SHA

Bearings and Distances
in Deed
do not mathematically close.

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06002985 A# 38199-W

APP. SAN GAC DATE: 8/10/06

DESC. OF WORK: Alter existing
Structure/Garage as
described



Location Drawing

Scale: 1" = 80'

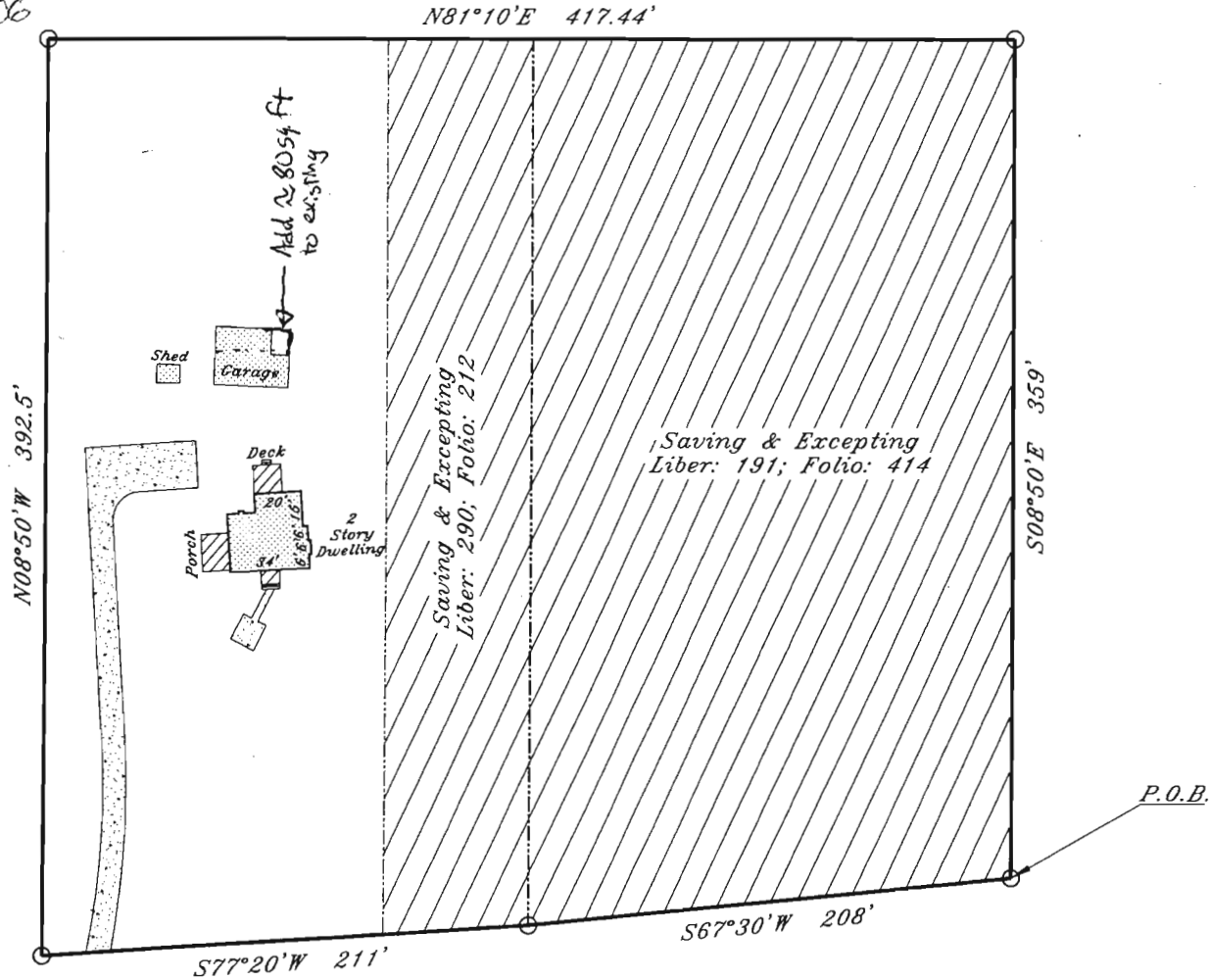
This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does this plat purport to reflect setbacks or other distances with any specific level of accuracy. This plat 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 approximate location of the dwelling is shown in relation to the apparent property lines for the property known as

12815 Hall Shop Road
Howard County, Maryland

William T. Matthews 8/7/05

Ruxton Design Corporation

8422 Bellona Lane
Suite 300
Towson, Maryland 21204
410-823-5000
410-823-0115fax



HALL SHOP ROAD

CH

Building Address 12815 Hall Shop Rd
Highland MD 20777

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 18B1 Lot size _____

Property Owner's Name Grace Howard
 Address 12815 Hall Shop Rd
 City Highland State MD Zip Code 20777

Home Phone 201-854-3725 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFO
 Proposed Use SFO
 Estimated Construction Cost \$ 30,000.00

Description of Work Demolish existing 9'x20' addition
Add an addition 15'x20' addition with
kitchen office full bath on crawl space

Contractor Company KPK Construction
 Contact Person Kevin Kennedy
 Address 4713 Patched Stone Lane
 City Columbia State MD Zip Code 21046
 License No. M41C 18614
 Phone 410-290-9963 Fax 410-290-9067

Occupant or Tenant _____
 Contact Name Shane
 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	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: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: <u>5 x 6</u> Footings: _____ Roof: <u>Shed</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Applicant's Signature Kevin Kennedy Print Name Kevin Kennedy
 Title/Company KPK Construction Date 6/11/00

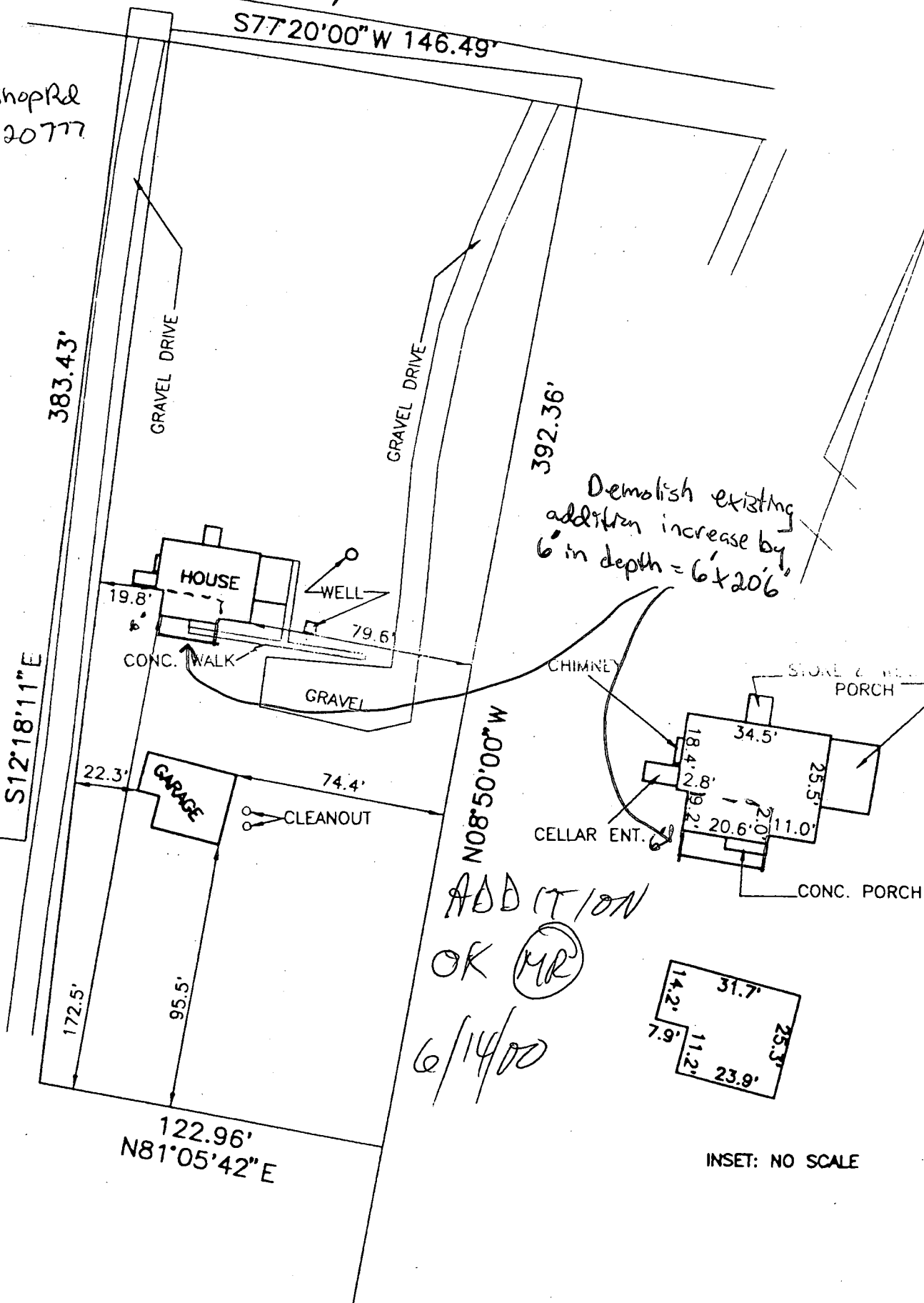
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	46703 Filing fee \$ <u>20</u> Permit fee \$ <u>30</u> Excise tax \$ <u>210</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>295</u> Balance due \$ _____ Check # <u>11447</u> Validation # <u>22219</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				

~~OWINGS ROAD~~ Hall Shop Rd

Howe's Res.
12815 Hall Shop Rd
Highland MD 20777

1" = 50'



INSET: NO SCALE