

G-9514

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3300 COURT HOUSE DRIVE  
ELLSWORTH CITY, MD 21041  
PERMITS AND INSPECTIONS (410) 311-1810  
AUTOMATIC INFORMATION (410) 311-5800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00157933

Building Address 13055 HALL SHOP ROAD  
HIGHLAND 20777  
Suite Apt. # 05-441802 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision NICOLA PERMITS  
Section NA Area N/A Lot 1  
Tax Map 40 Parcel 313 Grid 10  
Zoning RR Map Coordinates 12A1 Lot size 8.13 acres

Property Owner's Name WARREN MATZEN  
Address 13047 HALL SHOP ROAD  
City HIGHLAND State MD Zip Code 20777  
Home Phone 301-854-3366 Work Phone 301-937-4730  
Applicant's Name & Mailing Address, (if other than stated hereon):  
301-928-8160 cell  
Phone \_\_\_\_\_ Fax 301-854-3778

Existing Use VACANT LOT  
Proposed Use SINGLE FAMILY RESIDENCE  
Estimated Construction Cost \$ 450,000  
Description of Work WOOD FRAME, BRICK  
VERTICAL SINGLE STORY W/  
ATTACHED 3 CAR GARAGE

Contractor Company OWNER  
Contact Person WARREN MATZEN  
Address 13047 HALL SHOP ROAD  
City HIGHLAND State MD Zip Code 20777  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant WARREN MATZEN  
Contact Name SAME  
Address 13047 HALL SHOP ROAD  
City HIGHLAND State MD Zip Code 20777  
Phone 301-854-3366 Fax 301-937-8942

Engineer or Architect Company W. Douglas Beins  
Contact Person W. DOUGLAS BEINS  
Address 13031 HALL SHOP ROAD  
City HIGHLAND State MD Zip Code 20777  
Phone 888-999-9801 Fax 301-854-9634

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>single (one)</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>4200 sq ft</u>	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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular <input type="checkbox"/>	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>45'</u> <u>107'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>45'</u> <u>107'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished basement <input type="checkbox"/> Unfinished basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Height: <u>22' middle of roof</u>	
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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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

Print Name WARREN MATZEN  
JAN 30<sup>th</sup> 06  
Date \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE/APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	Filing fee \$ <u>100.00</u>
State Police			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Adm/ per. fee \$ _____
Health			Are minimum setbacks met?	TOTAL FEES \$ _____
Fire Department			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Easement 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>616826</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation <u>616826</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New/Ten Zone _____	
Yellow: DED, DPZ			SDP/Red-line approval _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				