

Building Address <u>7861 Murray Hill Rd</u> <u>Laurel Md 20723</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____	Property Owner's Name <u>Caleb &amp; Jane Gould</u> Address <u>7861 Murray Hill Rd</u> City <u>Laurel</u> State <u>MD</u> Zip Code <u>20723</u> Phone <u>301-725-1427</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ Phone _____ Fax _____
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Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work _____ _____ Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

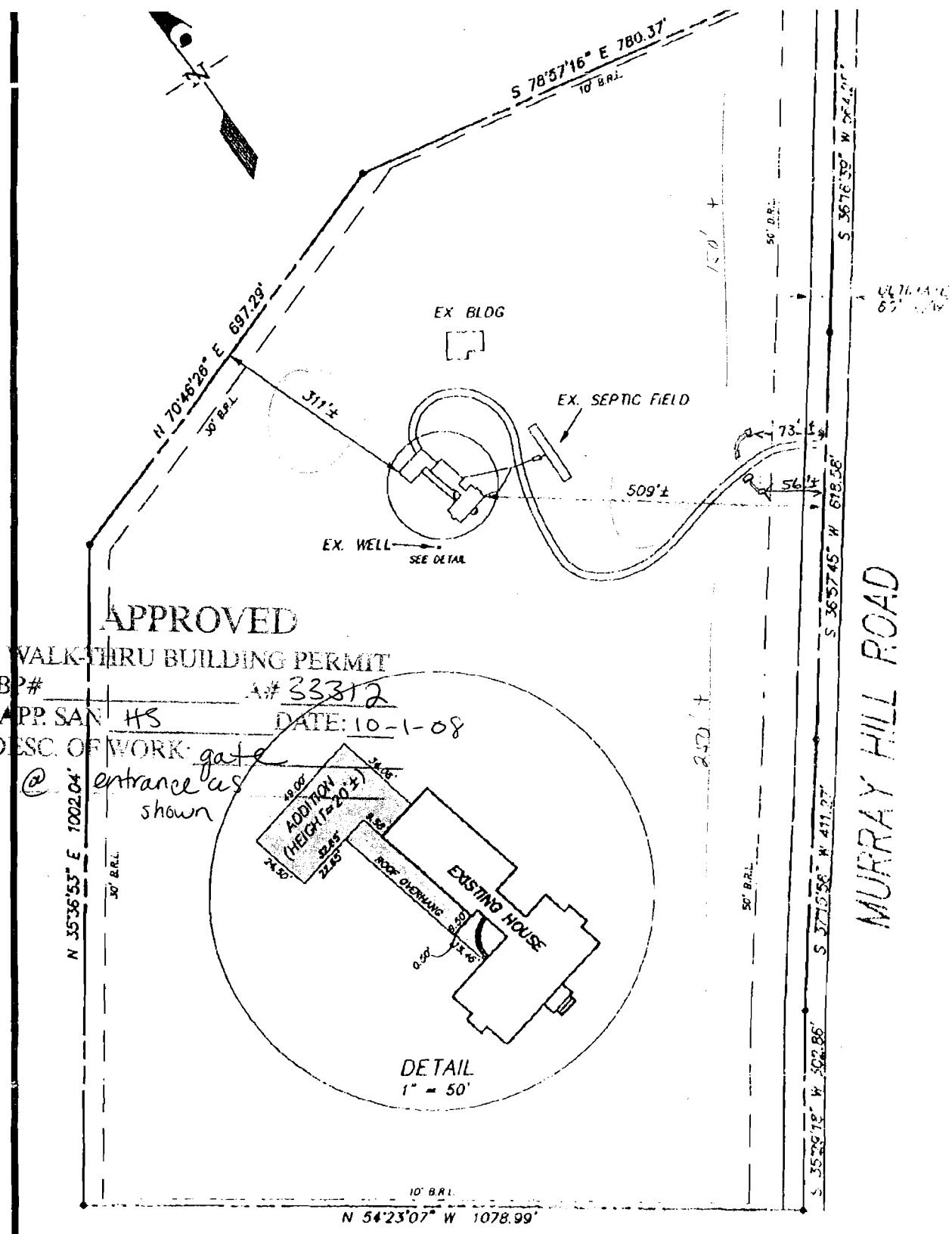
<u><i>Jane Gould</i></u> Applicant's Signature _____ Owner Title/Company	<u>Jane Gould</u> Print Name _____ 10-1-08 Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***  
**- FOR OFFICE USE ONLY -**

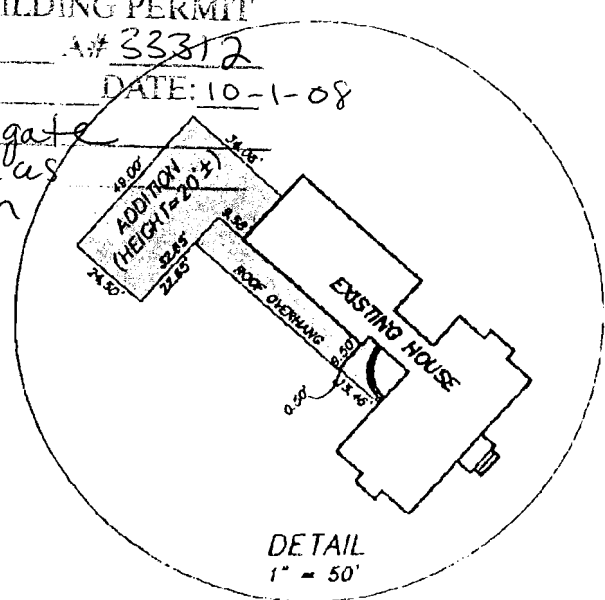
AGENCY	DATE	SIGNATURE	APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID#
Land Development/DPZ				Front	Filing fee
State Highways				Rear	Permit fee
Building Officials				Side	Excise tax
Dev. Engineering/DPZ				Side St.	Add'l per fee
Health				All minimum setbacks met?	TOTAL FEES \$
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
				Is Entrance Permit required?	Check #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation #
				Historic District?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	Accepted by

Distribution of Copies - White: Building Official - Green: LDD, DPZ - Yellow: DLD, DPZ - Pink: Health - Gold: SHA  
 Refers/building permit application REV 10/28/04

10/1/08 *upside down* *upside down*



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# 33312  
 APP. SAN HS DATE: 10-1-08  
 DESC. OF WORK: gate  
 @ entrance as shown



DETAIL  
 1" = 50'

PLOT PLAN  
**CALEB GOULD &  
 JANIE A. GOULD**  
 7861 MURRAY HILL ROAD  
 HOWARD COUNTY MARYLAND

**GLW GUTSCHICK LITTLE & WEBER, P.A.**  
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS  
 3609 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK  
 BURTONSVILLE, MARYLAND 20864  
 TEL: 301-421-4024 BALT: 410-890-1820 DC/VA: 301-989-2524 FAX: 301-421-4168

REFERENCE :	LIBER: 2728	FOLIO: 536
DRAWN BY: S.D.S.	DATE: MAY 1998	GL W. FILE NO.
CHECKED BY:	SCALE:	91091