



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 10/16/13

Permit No.: B13003859

Building Address: 10688 Harding Rd
City: Laurel State: md Zip Code: 20723
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Timmy Martins
Address: 10688 Harding Rd
City: Laurel State: md Zip Code: 20723
Phone: C 301-980-0286 Fax: _____
Email: _____

Existing Use: SFO
Proposed Use: SFO with Hobby Bld.
Estimated Construction Cost: \$ 25,000
Description of Work: AS Built 20'x42' roof
Care area

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Home owner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Single-Family <input type="checkbox"/> SF Townhouse
No. of stories: _____	Width: _____
Gross area, sq. ft./floor: _____	1 st floor: _____
	2 nd floor: _____
Area of construction (sq. ft.): _____	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.S. Martins
Applicant's Signature
Captain carboan @verizon.net
Email Address
Home owner
Title/Company

U.S. Martins
Print Name
10/14/13
Date

RECEIVED
OCT 16 2013
LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____

All minimum setbacks met? Yes No
Is Entrance Permit Required? Yes No
Historic District? Yes No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 75.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 2842

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

PER BRUCE, NO NOV FEE



HEALTH

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 10/16/13

Permit No.: B13003859

Building Address: 10688 Handling Rd
City: Laurel State: Md Zip Code: 20723
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Property Owner's Name: Timmy Martins
Address: 10688 Handling Rd
City: Laurel State: Md Zip Code: 20723
Phone: C 301-980-0286 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Existing Use: SFD
Proposed Use: SFD with Hobby Bld.
Estimated Construction Cost: \$ 25,000
Description of Work: AS Built 20'x42' dog
Care area

Contractor Company: Home owner
Contact Person:
Address:
City: State: Zip Code:
License No.:
Phone: Fax:
Email:

Occupant or Tenant:
Was tenant space previously occupied? Yes No
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Commercial Building Characteristics Residential Building Characteristics
Height: SF Dwelling SF Townhouse
No. of stories: Depth Width
Gross area, sq. ft./floor: 1st floor: 2nd floor:
Area of construction (sq. ft.): Basement:
Use group: Finished Basement Unfinished Basement Crawl Space Slab on Grade
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular
Roadside Tree Project Permit Yes No
Roadside Tree Project Permit # State Certified Modular Manufactured Home

Utilities Water Supply Public Private Sewage Disposal Public Private Electric Gas Heating System Electric Natural Gas Other: Sprinkler System: Grading Permit Number: Building Shell Permit Number:

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 Signature: [Signature]
Email Address: Captain overBoon @verizon.net
Title/Company: Home owner

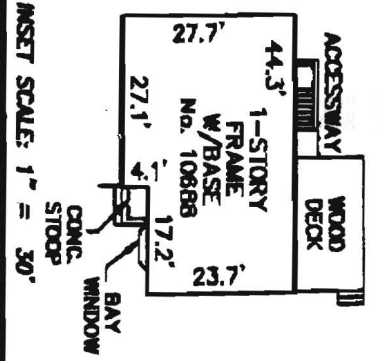
Print Name: U.S. Martins
Date: 10/14/13
RECEIVED
OCT 16 2013
LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

Table with columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Rows include State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), Health.

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? Yes No
Is Entrance Permit Required? Yes No
Historic District? Yes No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Table with columns: Fee Name, Amount. Rows include Filing Fee (\$ 25.00), Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, Check # 2842.

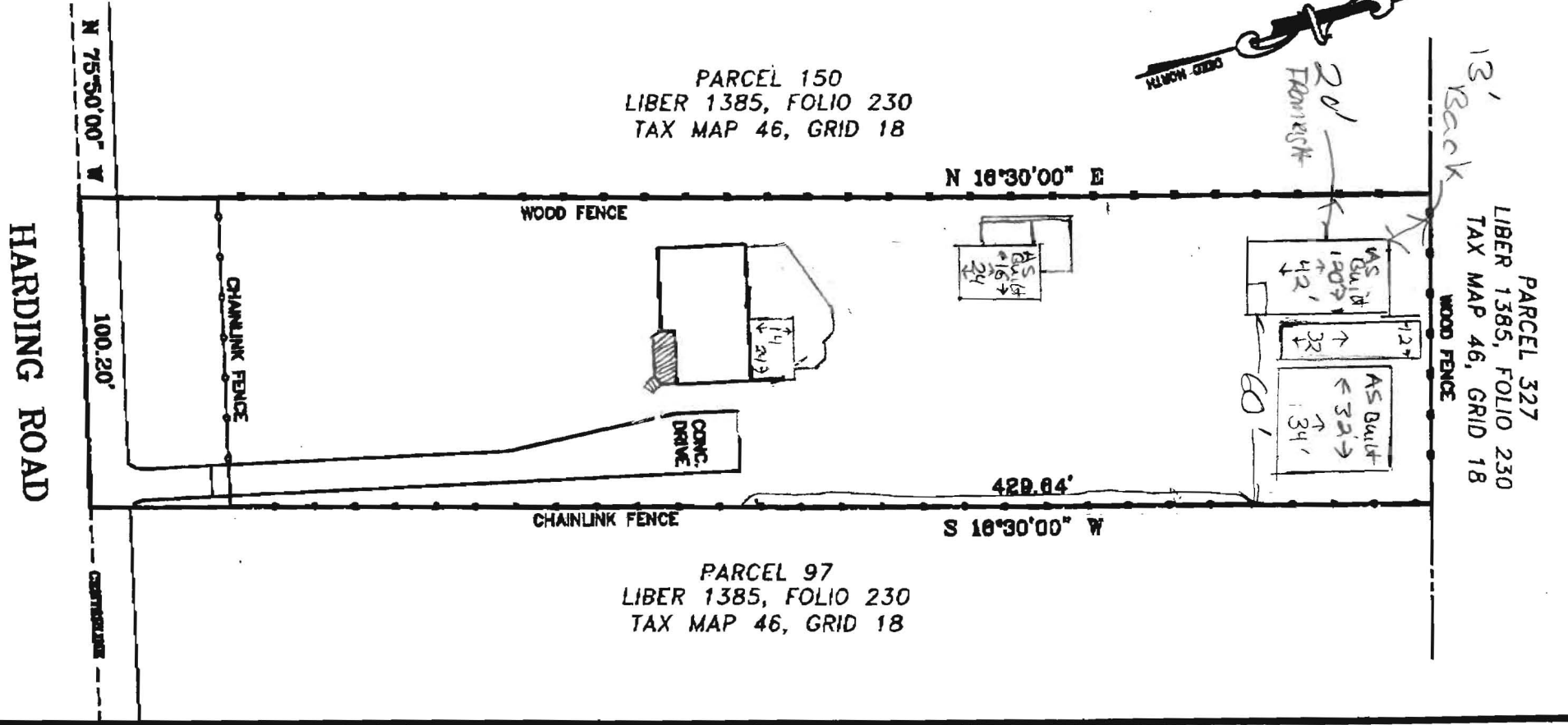


ADDRESS:
10688 HARDING ROAD
LUREL, MARYLAND 20723

- NOTES:**
1. THIS IMPROVEMENT LOCATION DRAWING:
 - A. 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;
 - B. IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - C. 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.
 2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
 3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

STATE OF MARYLAND
COUNTY OF HARVARD
LAND SURVEYOR
No. 11049
DATE 6/25/07
M.N. ROSNAK, L.S.

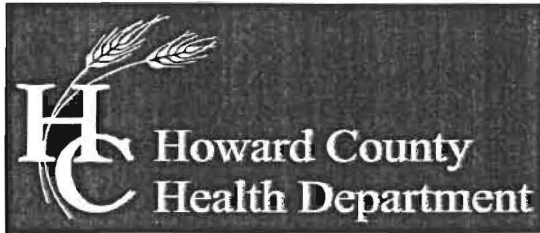


LOCATION DRAWING
PARCEL 152
LIBER 1385, FOLIO 230
TAX MAP 46, GRID 18
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: JUNE 25, 2007



NJR & ASSOCIATES, LLC.
LAND SURVEYING AND PLANNING
8015 DORSEY RUN ROAD, SUITE "B"
JESSUP, MARYLAND 20794
TEL: (410)789-9089 FAX: (410)789-9083

L02801
18471-07



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D. Health Officer

November 1st, 2013

Timothy Martins
10688 Harding Road
Laurel, MD 20723

RE: Building Permit Application
Number: **B13003859**

Dear Mr. Martins:

This office has recently received the referenced building permit application; however, we can not recommend approval at this time.

State regulation (COMAR 26.04.02) stipulates that local health departments shall not recommend the approval of building permits for any property served by an on-site well and or septic system unless the approving authority is satisfied that the existing septic system can hydraulically handle and adequately treat both current and future wastewater flows.

Our records indicate that the house is currently served by a septic system installed around 1957 and repaired in 1975. A site visit conducted on October 22nd, 2013 confirmed that the current septic system does not show signs of failure at the surface. However, an investigation conducted by DILP on October 3rd, 2013 indicates plumbing fixtures were installed without permits including at least one complete bathroom in the office/kennel structure. The capacity of the current septic system does not support additional wastewater flows for this type of establishment per Howard County Code Section 3.807(e)(2). Additionally, no sewage disposal permits were issued by this office for any of the plumbing work performed.

Given that public sewer is available and the health department under this circumstance, can not approve of a septic system repair in an area where public sewer is available, approval of the referenced building permit can not be granted until the house is connected to public sewer and the existing septic system is properly abandoned.

If you any have further questions regarding this matter, please contact me at (410) 313-6287. Information regarding connections to public sewer can be obtained through the Bureau of Utilities at (410) 313-4900.

Respectfully,



Heidi Scott, L.E.H.S.

Well and Septic Program

HS

cc: DILP
File



Building Permit Application
 Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 10/16/13

Permit No.: B13003861

Building Address: 10688 Harding Rd
 City: Laurel State: MD Zip Code: 20723
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Timmy Martins
 Address: 10688 Harding Rd
 City: Laurel State: MD Zip Code: 20723
 Phone: C 301-980-0286 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD with Detached 2car
 Estimated Construction Cost: \$ 40,000
 Description of Work: AS BUILT 32 wide 34 deep
2 Car Garage with a 6'x16"
Attached Shed.

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____
 Email: _____

Contractor Company: Home owner
 Contact Person: Timmy Martins
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Professional: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Detached <input type="checkbox"/> Attached <input type="checkbox"/> Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>34</u> 2 nd floor: <u>38</u>
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Utilities	Other
Water Supply:	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal:	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System:	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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.

OSing & Mark
 Applicant's Signature
Captain overboard @verizon.net
 Email Address
Home owner
 Title/Company

Timmy Martins
 Print Name
10/14/13
 Date

RECEIVED
 OCT 16 2013
 LICENSES & PERMITS DIVISION

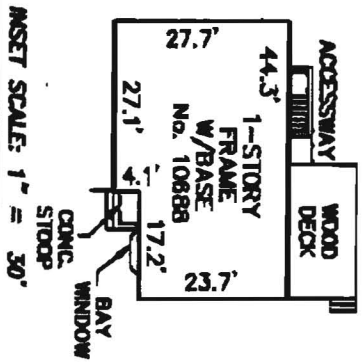
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>2843</u>



ADDRESS:
 10666 HARDING ROAD
 LAUREL, MARYLAND 20723

NOTES:

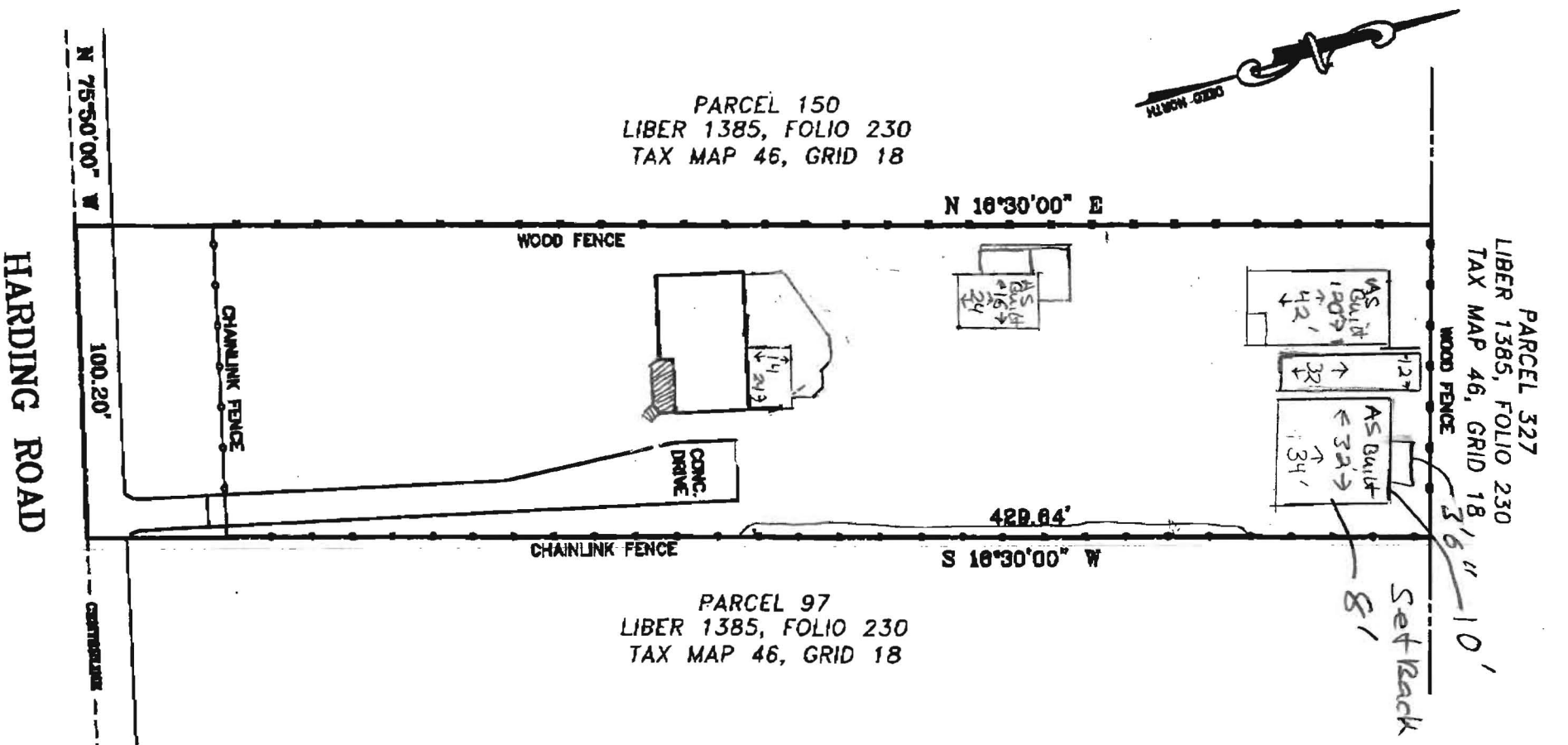
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I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



M.N. ROSMAN, L.S.
 MD REG. No. 11049

DATE

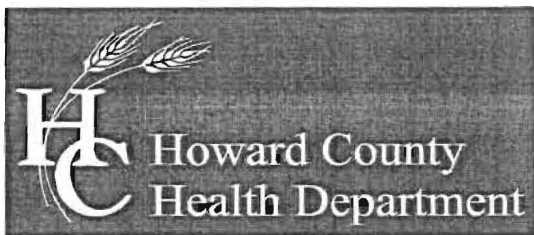


LOCATION DRAWING
 PARCEL 152
 LIBER 1385, FOLIO 230
 TAX MAP 46, GRID 18
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: JUNE 23, 2007

LO22801
 18471-07



NJR & ASSOCIATES, LLC.
LAND SURVEYING AND PLANNING
 8015 DORSEY RDN ROAD, SUITE "B"
 JESSUP, MARYLAND 20794
 TEL: (410)788-9088 FAX: (410)788-9093



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

NOTICE OF VIOLATION

May 8, 2014

Timothy Martins
10688 Harding Road
Laurel, Maryland 20723

**RE: Plumbing Alterations; Unpermitted Facility Use
10688 Harding Road. Laurel, MD 20723**

Dear Mr. Martins:

November 1, 2013 the Health Department was made aware of the unpermitted change in use and plumbing alterations at 10688 Harding Road. On that same date a letter was sent to your residence. Without receiving any return correspondence from you, the property owner, on the matter you are now being served with a Notice of Violation. You are hereby ordered to correct the deficiencies addressed in both this Notice and the letter from November 1, 2013:

"The capacity of the current septic system does not support additional wastewater flows for this type of establishment per Howard County Code Section 3.807(e)(2). Additionally, no sewage disposal permits were issued by this office for any of the plumbing work performed."

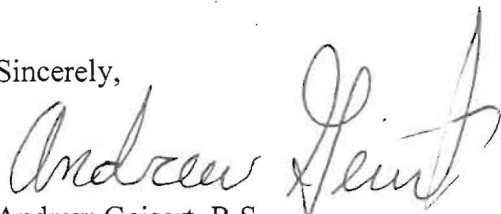
I have attached a copy of the letter from November 1, 2013 for you to review as a reference.

You are ordered to take the necessary actions to eliminate these on-going violations on your property. Within **15 days** of receiving this notice you must apply for connection to public sewer utilities or correct all unpermitted alteration to the previously approved state. Failure to comply will result in the issuance of a civil citation(s). Under Howard County Code, paragraph 12.112, each day this violation is allowed to occur is considered a separate offense.

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within 15 (fifteen) days of receipt of this letter. All requests are to be made in writing and directed to the Executive Secretary of the Board of Health at the above address.

If you have any questions regarding this letter, please contact me at the Bureau of Environmental Health, phone 410-313-1771.

Sincerely,

A handwritten signature in cursive script that reads "Andrew Geisert". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Andrew Geisert, R.S.
Bureau of Environmental Health
Well and Septic Program

U.S. Postal Service™

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(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

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Postage

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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

Timothy Martins

Street, Apt. No.,
or PO Box No.

10688 Harding Rd

City, State, ZIP+4

Laurel, MD 20723

7004 1160 0002 3402 5240
0425 604E 2000 09TT 400L

10688 Harding Rd.

CB131197, 10-03013

Bruce Forejt



A 16x20 detached building with a rear 8x16 shed.



Rear 8x16 shed.



A rear 14x26 addition with wrap around deck.



An 8x17 front entrance deck.

10688 Harding Rd

CB131197, 10-3-13

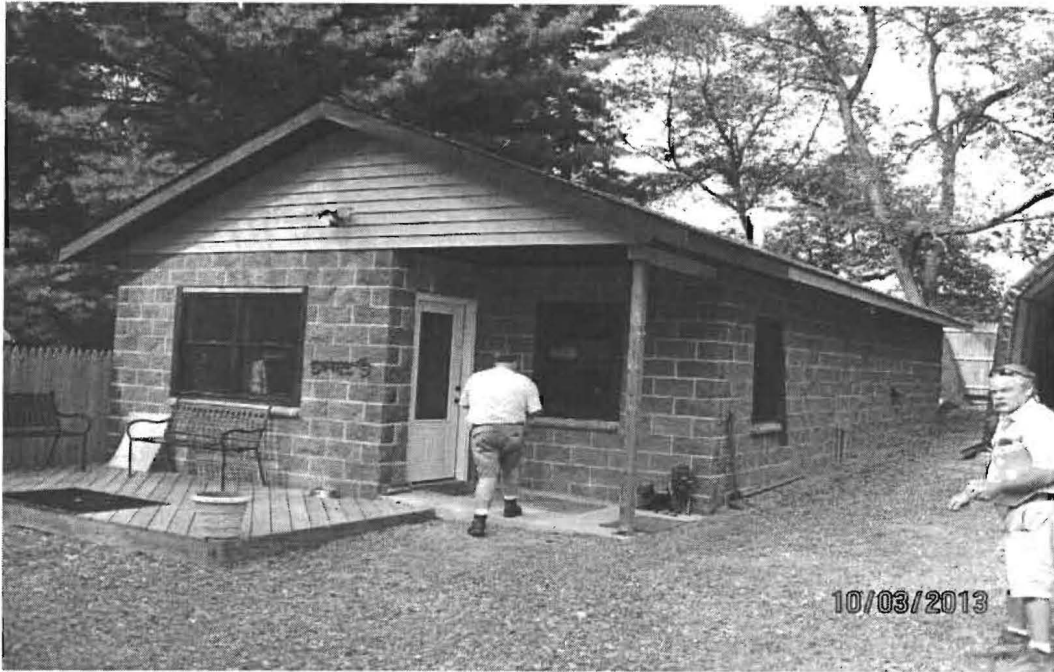
Bruce Forejt



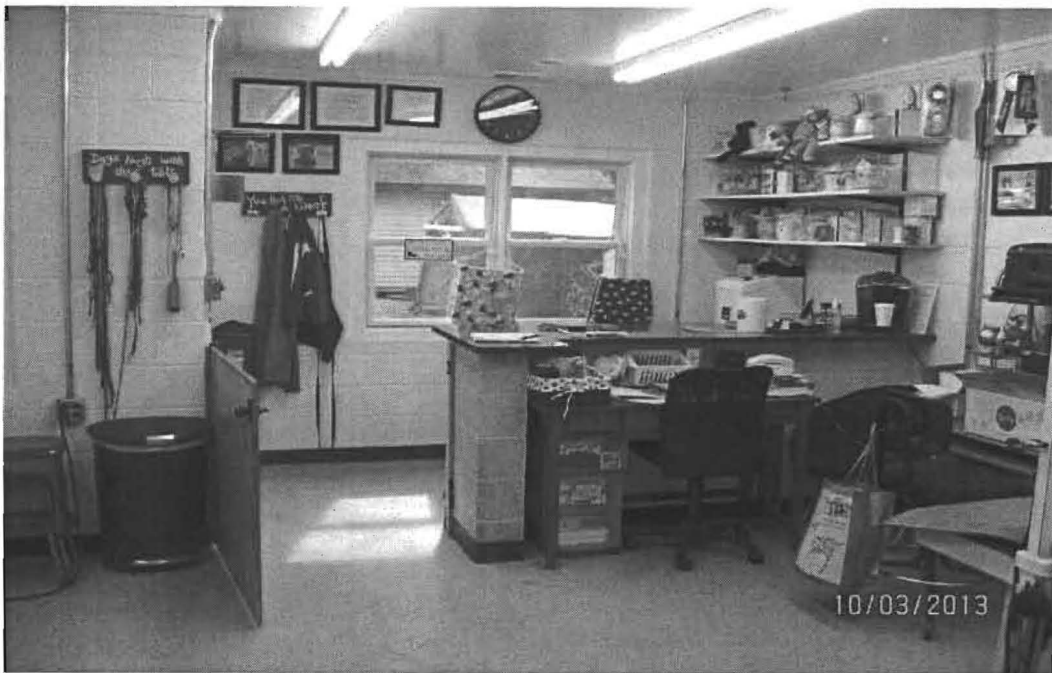
Detached 32x34 two car garage with rear 6x18 shed roof for storage.



A detached carport that is 12x28.



A detached 20x40 building that is office or a kennel.



This is one photo of inside the kennel.



Second photo of kennel.