



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: 11/7/14

Permit No.: B14004071

Building Address: 8191 Maple Lawn Blvd. Suite 200
City: Maple Lawn State: MD Zip Code: 20759
Suite/Apt. # E SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: Pet Store - Retail
Proposed Use: Dental Office
Estimated Construction Cost: \$ 45,000
Description of Work: Interior build out of Dental office

Occupant or Tenant: Dr. David Bonebrake
Was tenant space previously occupied? Yes No
Contact Name: Sam H. Nguyen
Address: City: State: Zip Code:
Phone: Fax:

Property Owner's Name: Maple Lawn Office LLC
Address: 1129 North...
City: State: Zip Code:
Phone: 410-313-2455 Fax:
Email:

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

Contractor Company: Arminco, Inc.
Contact Person: Mike Arminco
Address: 45571 Shepard Dr.
City: Sterling State: VA Zip Code: 20167
License No.: 1585517X
Phone: 703-430-6669 Fax:
Email: info@arminco.com/mike@arminco.com

Engineer/Architect Company: Metropolitan Eng. Inc.
Responsible Design Prof.:
Address: 1150 11th St NW Suite 301
City: Washington State: DC Zip Code: 20036
Phone: 202-296-2559 Fax: 202-296-1142
Email: mail@metropolitanengineering.com

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
2,433	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input 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 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 type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input 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.

Applicant's Signature: Mike Arminco
Email Address: mike@arminco.com
Title/Company: Contractor/Arminco

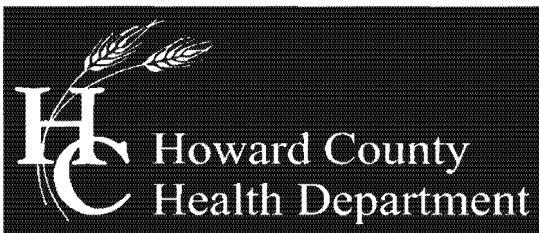
Print Name: Mark Lussier
Date: 11/7/14
MIKEM@ARMINCOINC.COM

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/1/14	M. Oswald

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	\$ 200.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1873



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

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

December 1, 2014

ARMINCO INC.
45571 SHEPARD DRIVE
STERLING, VA 20164
MIKE MARUTYAN

Sent via email to: MIKEM@ARMINCOINC.COM

**RE: B14004071
8191 MAPLE LAWN BLVD, STE E
FULTON, MD 20759**

To Whom It May Concern:

This letter is in response to building permit B14004071. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department. I may be reached at (410) 313-1786 if you would like to discuss the project in more detail.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S.
Well & Septic Program
Bureau of Environmental Health