

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B08001837

Building Address 5500 Knoll North Dr
Columbia MD 21045
Suite/Apt. #: 330 SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Montecito Medical
Address 820 State St #303
City Santa Barbara State CA Zip Code 93101
Phone 805-568-0862 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
ARIUM AE
5537 Twin Knolls Rd Ste 435 Columbia MD
Phone _____ Fax _____
410-730-2300 410-730-2796

Existing Use Business Office
Proposed Use Business Office
Estimated Construction Cost \$ 11,850
Description of Work Interior Alteration

Contractor Company TBD
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Audiology First
Contact Name Diana Wagner
Address 5500 Knoll North Dr #320
City Columbia State MD Zip Code 21045
Phone 410-964-9511 Fax 410-964-9513

Engineer or Architect Company Arium AE
Contact Person Stefanie Alt
Address 5537 Twin Knolls Rd Ste 435
City Columbia State MD Zip Code 21045
Phone 410-730-2300 Fax 410-730-2796

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>#70</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>5</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>7-18,000</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>B</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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

Don Matthews Jr
Applicant's Signature
Arium AE
Title/Company

Don Matthews Jr
Print Name
6-23-08
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 \$ <u>200.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official <u>7-8-08 M. Schumacher</u>			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>1/9/08 J. J. J.</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>7229</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	

10/25



User ID: ELOCHARY

Admin Tools

Daily

ACCE

SmartManager	Application	Property	People	Fees	Cashier	Workflow	Attachments	Inspection	Rep
Tickler									
Tickler Collection									
SmartNotice									

Application Summary

Application #:

Application Type: Building / Commercial / Alteration / NA

Address: 5500 KNOLL NORTH DR, STE# 330, COLUMBIA, MD 21045

Tracking #: 142324517974

Parcel No.: 881117

File Date: 06/23/2008

Application Detail: [Detail](#)

Application Comments: [Comments](#)

Organization Name: ARIUM, AE

Contact Name: STEFANIE ALT

Contact Address: 5537 TWIN KNOLLS ROAD, SUITE #435, COLUMBIA, MD 21045

Primary Licensed Prof: TO BE DETERMINED

Description of Work: AUDIOLOGY FIRST/INTERIOR ALTERATION TO EXISTING OFFICE

Job Value: \$11,850.00

Total Fee Assessed: \$391.18

Total Fee Invoiced: \$391.18

Balance: \$191.18

Application Status: Review In Process

Workflow Status:	Task	Status	Status Date
	Application Acceptance	Accepted	06/23/2008
	Electrical Review	Approved	07/08/2008
	Zoning	Pending	
	Fire Review	Pending	
	Plumbing Mechanical Review	Pending	
	Health Dept	On Hold	07/15/2008
	Building Review	Approved	06/26/2008
	Dev Engineering	Approved	06/25/2008
	Building Permit Issuance	Pending	07/15/2008
	Final Building		
	C of C		