



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: 6-12-15

Permit No.: B15002569

Building Address: 10981 Johns Hopkins Rd.
City: Laurel State: MD Zip Code: 20723
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 1
Tax Map: 41 Parcel: 425 Grid: 22
Zoning: _____ Map Coordinates: _____ Lot Size: 3.10 Acres

Existing Use: B-Business
Proposed Use: B-Business
Estimated Construction Cost: \$ 136,720
Description of Work: New tenants space, new interior walls, partitions, ceilings, flooring, painting, mechanical, electrical and plumbing including fixtures and equipment.
Occupant or Tenant: Premier Medical Management
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Hopkins Holdings, LLC.
Address: 8835-P Columbia 100 Parkway
City: Columbia State: MD Zip Code: 21045
Phone: 410-730-0810 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Eric Carter
Address: 5560 Sterrett Place Suite 300
City: Columbia State: MD Zip Code: 21044
Phone: 410-995-0015 Fax: 410-995-0350
Email: ecarter@brasherdesign.com

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

Engineer/Architect Company: Brasher Design
Responsible Design Prof.: Ren Brasher
Address: 5560 Sterrett Place Suite 300
City: Columbia State: MD Zip Code: 21044
Phone: 410-995-0015 Fax: 410-995-0350
Email: ecarter@brasherdesign.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>34'-6"</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>4,115 sq ft 1st floor</u>	1 st floor: _____
Area of construction (sq. ft.): <u>3,418 sq ft</u>	2 nd floor: _____
Use group: <u>B-Business</u>	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: <u>B15000189</u>	

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.

Eric Carter
Applicant's Signature
ecarter@brasherdesign.com
Email Address
Brasher Design
Title/Company

Eric Carter
Print Name
6/12/15
Date

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	<u>6/23/15</u>	<u>H. O'Connell</u>

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>200</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>1035</u>

Oswald, Hank

From: Eric Carter <ECarter@brasherdesign.com>
Sent: Tuesday, June 23, 2015 12:10 PM
To: Oswald, Hank
Subject: RE: B15002569_Premier Medical management

Hank,

The project does not include any x-ray equipment in its design.

Please do not hesitate to contact me if there should be any questions or concerns.

Sincerely Yours,

Eric Carter

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Tuesday, June 23, 2015 11:41 AM
To: Eric Carter
Subject: B15002569_Premier Medical management

Eric Carter:

I just have one question pertaining to the review of building permit # B15002569 (10981 Johns Hopkins road). Does this project include x-ray equipment in its design?

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, June 23, 2015 11:41 AM
To: 'ECARTER@BRASHERDESIGN.COM'
Subject: B15002569_Premier Medical management

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