

Construction Start

Accepted by _____

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-2392

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B08003522

Building Address 10840 LITTLE PATUXENT PKWY
COLUMBIA MD

Suite/Apt. #: 202 SDP/WP/Petition #: —

Census Tract _____ Subdivision Village of Wilde Lake

Section 10 Area 5 Lot 19 22

Tax Map 35 Parcel 269 Grid 6

Zoning NT Map Coordinates _____ Lot size 31,100

Property Owner's Name STEIN ~~PARAD~~ PROPERTIES, INC

Address 8600 SNOWDEN RIVER PARKWAY #207

City COLUMBIA State MD Zip Code 21045

Phone 410 953 0222 Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
JAMES LOYD

Phone 410 531 1177 Fax 301 854 2660

Existing Use B

Proposed Use B

Estimated Construction Cost \$ _____

Description of Work NEW INTERIOR FIT OUT

Contractor Company CONSTRUCTION SERVICES
THE SANFORD CORPORATION

Contact Person Ivy Yates

Address 8600 SNOWDEN RIVER PARKWAY #207

City COLUMBIA State MD Zip Code 21045

License No. 13295473

Phone 410 953 0222 Fax 410 953 0223

Occupant or Tenant DEDICATED IMAGING

Contact Name JEFF MANDLER

Address 20 MYSTIC LANE / SECOND FLOOR

City MALVERN State PA Zip Code 19355

Phone 610 742 1647 Fax _____

Engineer or Architect Company JAMES LOYD ARCHITECTS

Contact Person JAMES LOYD

Address 12935 BYERFIELD DR

City HIGHLAND State MD Zip Code 20777

Phone 410 531 1177 Fax 301 854 2260

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height: <u>18'</u>	No. of stories: <u>1</u>	Gross area, sq. ft. per floor: <u>3,850 sq. ft.</u>	Use group: <u>B</u>	Construction type: <input type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>		

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____	1st floor: _____	2nd floor: _____
Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms _____
Height: _____	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: _____	State Certified Modular _____	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.

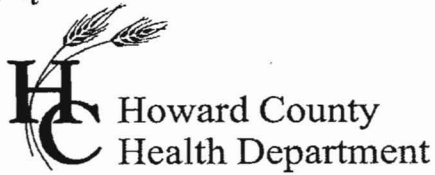
Applicant's Signature [Signature] Print Name JAMES LOYD

Title/Company PRESIDENT, LOYD ARCHITECTS Date 12/5/03

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</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>12/15/03</u>	<u>[Signature]</u>	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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>524C</u>
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 15, 2008

Dedicated Imaging
c/o Jeff Mandler
20 Mystic Lane second floor
Malvern, PA 19355

RE: B08003522
10840 Little Patuxent Pkwy.

To Whom It May Concern:

This letter is in response to building permit B08003522. The building permit application and plans indicate that the proposed work includes 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 410 313-2651 if you would like to discuss the project in more detail.

Respectfully,

Michael J. Davis
Assistant Director
Bureau of Environmental Health