



HEALTH

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

DILP 2018 MAR 15 AM 10:13

Date Received: \_\_\_\_\_

Permit No.: B18000841

Building Address: 7625 MAPLE LAWN BOULEVARD
City: FULTON State: MD Zip Code: 20759
Suite/Apt. # SUITE 1 SDP/WP/BA #:
Census Tract: Subdivision: 0000
Section: Area: Lot: U155
Tax Map: 0041 Parcel: 0121 Grid: 0021
Zoning: Map Coordinates: Lot Size: 4.94 AC

Existing Use: B
Proposed Use: B
Estimated Construction Cost: \$ 50,000
Description of Work: INTERIOR ALTERATION OF EXISTING TENANT SUITE AND EXPANSION OF SUITE. NEW PARTITIONS, DOORS, MILLWORK, MECH. & ELEC. WORK.
Occupant or Tenant: CAPITAL WOMEN'S CARE
Was tenant space previously occupied? Yes No
Contact Name: CAPITAL WOMEN'S CARE
Address: 7625 MAPLE LAWN BOULEVARD
City: FULTON State: MD Zip Code: 20759
Phone: 410-531-7557 Fax:
Email:

Table with 2 columns: Commercial Building Characteristics and Residential Building Characteristics. Includes fields for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, and various structural options.

Property Owner's Name: AESTHETIC PROPERTIES LLC
Address: 5820 CLARKSVILLE SQUARE DRIVE, UNIT 155
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: Fax:
Email:

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: TORSTEN MEUSCHKE
Address: 5537 TWIN KNOLLS ROAD, SUITE 435
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410-730-2300 Fax:
Email:

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

Engineer/Architect Company: ARIUM AE, LLC
Responsible Design Prof.: STEPHANIE BOUNDS NUNN
Address: 5537 TWIN KNOLLS ROAD, SUITE 435
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410-730-2300 Fax:
Email: stephanie@ariumae.com

Table for Utilities and Systems. Includes sections for Water Supply, Sewage Disposal, Heating System, and Sprinkler System with checkboxes for Public/Private and Yes/No.

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
torstenm@ariumae.com
Email Address
ARCHITECTURAL DESIGNER
Title/Company

TORSTEN MEUSCHKE
Print Name
03.15.2018
Date

RECEIVED
MAR 15 2018
LICENSES & PERMITS DIVISION

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

Table for Agency Approvals. Columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Includes State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), and Health.

Table for DPZ Setback Information. Fields: Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone, SDP/Red-line approval date.

Table for Fees. Fields: Filing Fee (\$200), Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, Check # 5851.

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

Handwritten initials 'JK'

B18000841



CAPITAL  
WOMEN'S  
CARE

7625 Maple Lawn Boulevard,  
Suite 1, Lower Lobby  
The Midtown Medical Arts Building  
Fulton, MD 20759  
Voice: 410-531-7557  
Fax: 410-531-0818  
[www.cwchowardcounty.com](http://www.cwchowardcounty.com)

March 14, 2018

Ms. Stefanie Alt  
Arium, AE  
5537 Twin Knolls Road  
Suite 435  
Columbia, MD 20145

Dear Stefanie,

Our practice provides the typical office procedures for a general OB/GYN practice. We will not be providing anesthesia, emergency, or urgent care services that would render the patient incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Please let me know if you need any further clarification.

Thank you,

Christine P. Richards, MD



**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

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

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March 28, 2018

**RE: B18000841**  
**7625 Maple Lawn Boulevard**  
**Fulton, MD 20759**

To Whom It May Concern:

This letter is in response to building permit **B18000841**. 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 410 313-6357 if you would like to discuss the project in more detail.

Respectfully,  
Robert Freeman

A handwritten signature in black ink, appearing to read 'Robert Freeman', is written over a light blue horizontal line.

Well & Septic Program  
Bureau of Environmental Health