



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

Permit No.: B19001398

Building Address: 708 Lisbon Center Drive  
City: Woodbine State: MD Zip Code: 21797  
Suite/Apt. # C SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: Business - Medical Office  
Proposed Use: Business - Dental Office  
Estimated Construction Cost: \$ 48,000  
Description of Work: Interior alteration to include relocating walls, installing plumbing, electric, new flooring, painting new cabinets, and new dental equipment.

Occupant/Tenant Name: Michael J. Teitler, DDS  
Was tenant space previously occupied?  Yes  No  
Contact Name: Michael J. Teitler, DDS  
Address: 708 Lisbon Center Drive  
City: Woodbine State: MD Zip Code: 21797  
Phone: 410-489-2650 Fax: \_\_\_\_\_  
Email: smile@teitlerfamilydentalcare.com

Property Owner's Name: Lisbon Plaza LLC  
Address: 2560 Lord Baltimore Dr.  
City: Baltimore State: MD Zip Code: 21244  
Phone: 410-788-1000 Fax: \_\_\_\_\_  
Email: gspivey@sipi.com

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Brian Bennett, Sr.  
Address: 907 Old New Windsor Pike  
City: Westminster State: MD Zip Code: 21157  
Phone: 410-746-1058 Fax: \_\_\_\_\_  
Email: brian@diakoonline.com

Contractor Company: Legacy Builders & Investors, Inc.  
Contact Person: Ed Conrad  
Address: 4834 Shaffer Mill Road  
City: Manchester State: MD Zip Code: 21102  
License No.: MD State 06428506  
Phone: (410) 596-4616 Fax: \_\_\_\_\_  
Email: ed@building-a-legacy.com

Engineer/Architect Company: Green Leaf Consulting Group  
Responsible Design Prof.: Michael David Johnson  
Address: 4134 Schalk Road  
City: Manchester State: MD Zip Code: 21102  
Phone: 443-605-9799 Fax: \_\_\_\_\_  
Email: climber@gis.net

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>18'-8"</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor: <u>9,300</u>	1 <sup>st</sup> floor:	
Area of construction (sq. ft.): <u>1,475</u>	2 <sup>nd</sup> floor:	
Use group: <u>Group B - Business</u>	Basement:	
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 type="checkbox"/> Yes <input checked="" 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 OBTAINING OTHER INFORMATION.

Brian Bennett, Sr.  
Applicant's Signature  
brian@diakoonline.com  
Email Address  
President / Diako Healthcare Construction, Inc.  
Title/Company

Brian Bennett, Sr.  
Print Name  
5/6/2019  
Date

**RECEIVED**  
**MAY 06 2019**  
**LICENSES & PERMITS DIVISION**

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>5/28/19</u>	<u>[Signature]</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>06678</u>