



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: 9/13/19

Permit No.: B19 002903

Building Address: 11100 Johns Hopkins Road
City: Laurel State: MD Zip Code: 20723
Suite/Apt. # _____ SDP/WP/BA #: SDP-04-076
Subdivision: JHU
Lot: 16 Tax Map: 41 Parcel: 50 + 123

Existing Use: n/a
Proposed Use: Business
Estimated Construction Cost: \$ 7,000,000

Description of Work:
New Construction - Laboratory and office Building.

RECEIVED

SEP 03 2019

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: Cheryl Hanke
Address: 11100 Johns Hopkins Road
City: Laurel State: MD Zip Code: 20723
Phone: 240-758-7394 Fax: _____
Email: Cheryl.Hanke@jhvapl.edu

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>23'-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>4621</u>	1st floor: _____
Area of construction, (sq. ft.): <u>4621</u>	2nd floor: _____
Use group: <u>Business</u>	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input checked="" type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Johns Hopkins Applied Physics
Address: 11100 Johns Hopkins Rd
City: Laurel State: MD Zip Code: 20723
Phone: 240-592-0040 Fax: _____
Email: pe-hoco@jhvapl.edu

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jacqueline Miller
Address: 11100 Johns Hopkins Rd
City: Laurel State: MD Zip Code: 20723
Phone: 240-228-6207 Fax: 240-228-6122
Email: pe-hoco@jhvapl.edu

Contractor Company: Manhattan Construction
Contact Person: Jerry Lefever
Address: 3330 N. Washington Blvd, Suite 300
City: Arlington State: VA Zip Code: 22201
License No.: _____
Phone: 571-259-8787 Fax: 703-204-1441
Email: JLefever@manhattanconstruction.com

Engineer/Architect Company: Clark Nexsen
Responsible Design Prof.: Rachel Domencic
Address: 8000 Towers Crescent Dr, Suite 1150
City: Vienna State: VA Zip Code: 22182
Phone: 757-351-1158 Fax: _____
Email: rdomencic@clarknexsen.com

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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input checked="" 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:	

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: _____
Print Name: Jacqueline Miller
Email Address: pe-hoco@jacqueline.miller@jhvapl.edu
Date: 9-3-19
Title/Company: Program Administrator

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

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>9/10/19</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>1530598</u>

Distribution of Copies: White: Building Officials Green: PSZA/Zoning Pink: Health Gold: SHA
redline done
signed