



Building Permit Application

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

DILP 2019 AUG 16 AM 8:30

Date Received: _____

Permit No.: **819002720**

Building Address: 1525 Marriottsville Road
 City: Marriottsville State: MD Zip Code: 21104
 Suite/Apt. # _____ SDP/WP/BA #: SDP 87-252
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: N/A
 Proposed Use: Elevator
 Estimated Construction Cost: \$ 748,000.00
 Description of Work: New addition to install new elevator tower (3 Stories)

Occupant/Tenant Name: Bon Secours Retreat & Conference Center
 Was tenant space previously occupied? Yes No
 Contact Name: Hamid Esfandiari
 Address: 1525 Marriottsville Road
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 410-442-1333 Fax: 410-442-1394
 Email: hamid_esfandiari@rccbonsecours.com

Property Owner's Name: The Sisters of Bon Secours USA
 Address: 1525 Marriottsville Road
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 410-442-1333 Fax: 410-442-1394
 Email: hamid_esfandiari@rccbonsecours.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Mike Baker
 Address: 300 East Joppa Road, Ste 200
 City: Baltimore State: MD Zip Code: 21286
 Phone: 410-512-4513 Fax: 410-324-4100
 Email: mbaker@wbcm.com

Contractor Company: WBCM Construction Services, LLC
 Contact Person: Mike Baker
 Address: 300 East Joppa Road, ste 200
 City: Baltimore State: MD Zip Code: 21286
 License No.: 03423775-MD
 Phone: 410-512-4513 Fax: 410-324-4100
 Email: mbaker@wbcm.com

Engineer/Architect Company: WBCM
 Responsible Design Prof.: David L. Fox
 Address: 300 East Joppa Road, ste 200
 City: Baltimore State: MD Zip Code: 21286
 Phone: 410-512-4522 Fax: 410-324-4100
 Email: dfox@wbcm.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>40'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>3</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>900</u>	1 st floor: _____
Area of construction (sq. ft.): <u>300/floor</u>	2 nd floor: _____
Use group: <u>Assembly</u>	Basement: _____
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" 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	<u>Multi-family Dwelling</u>
	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"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<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
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<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.

Mike Baker
 Applicant's Signature
 mbaker@wbcm.com
 Email Address
 President/WBCM Construction Services, LLC
 Title/Company

Mike Baker
 Print Name
 8/15/19
 Date

RECEIVED

AUG 16 2019

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

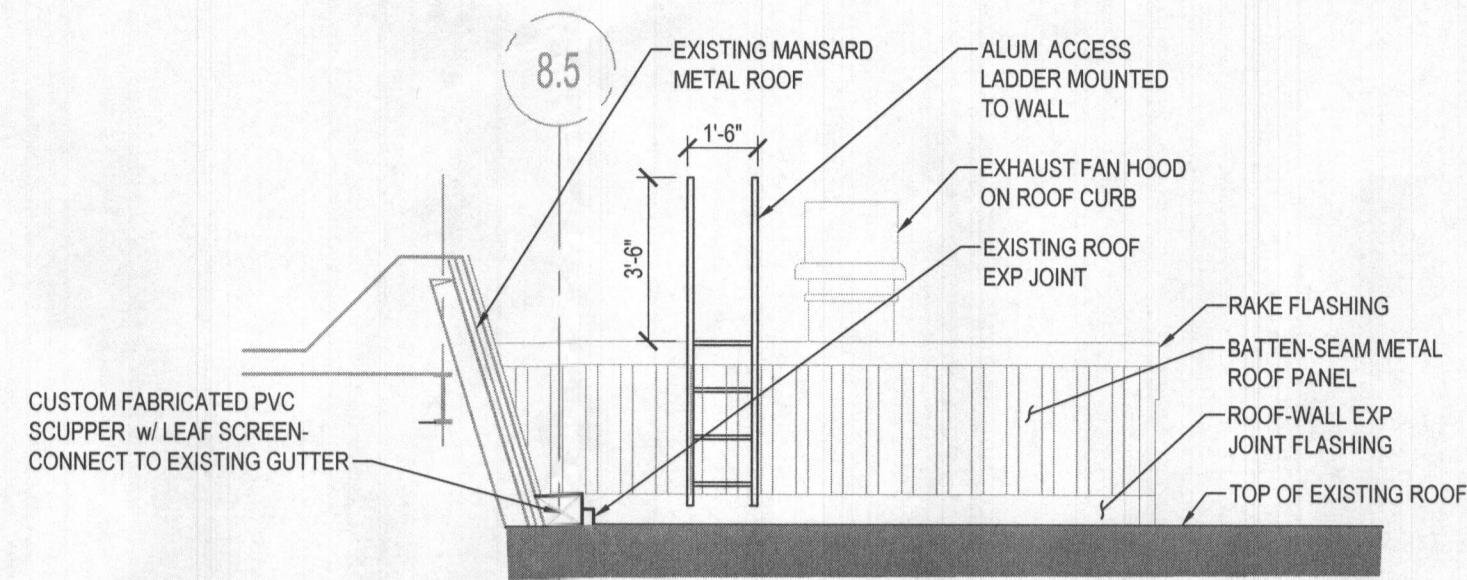
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
	<u>8/27/19</u>	<u>H. Esfandiari</u>

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>103</u>

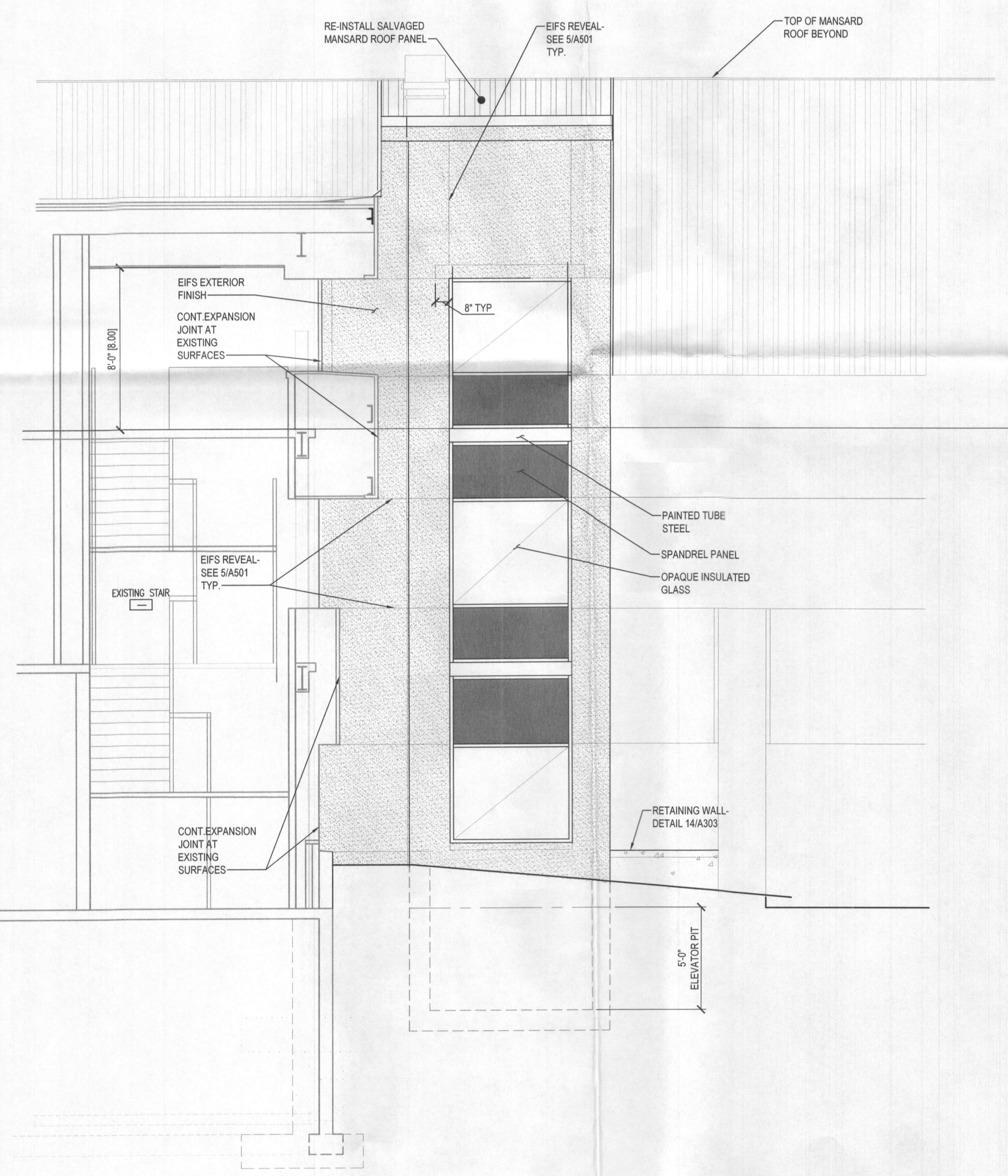
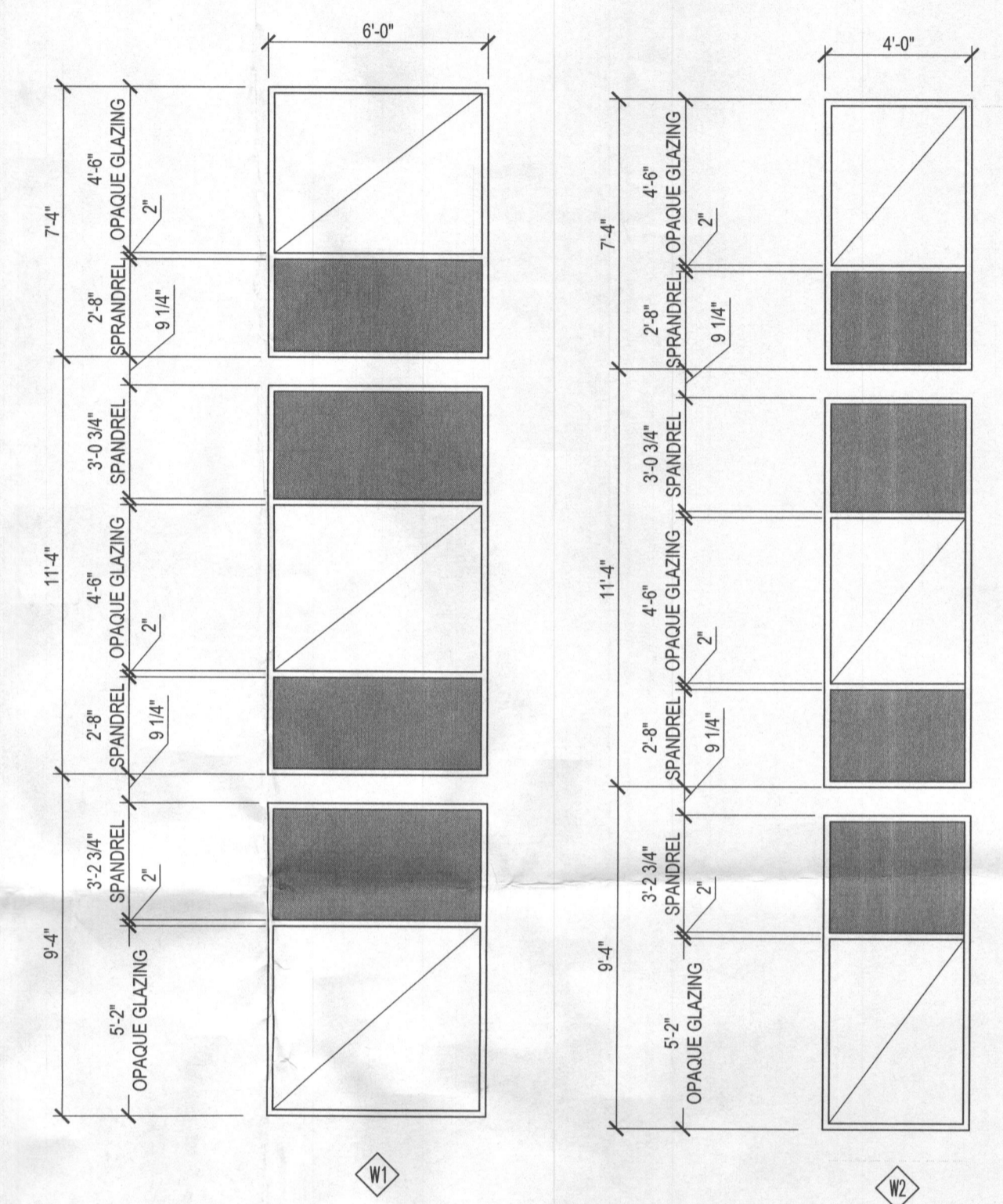
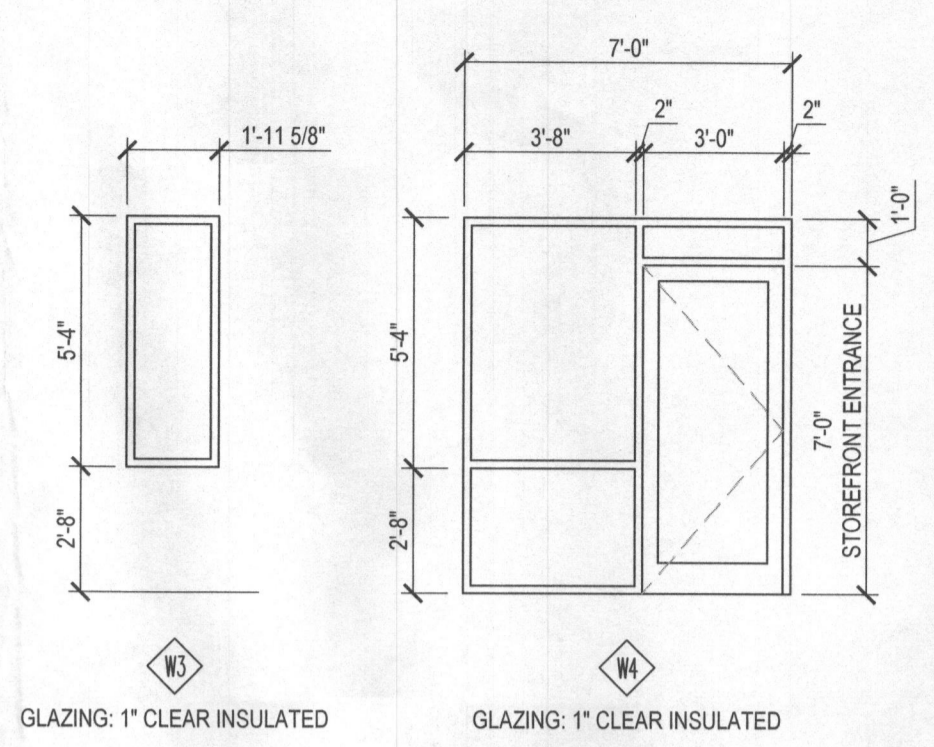
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



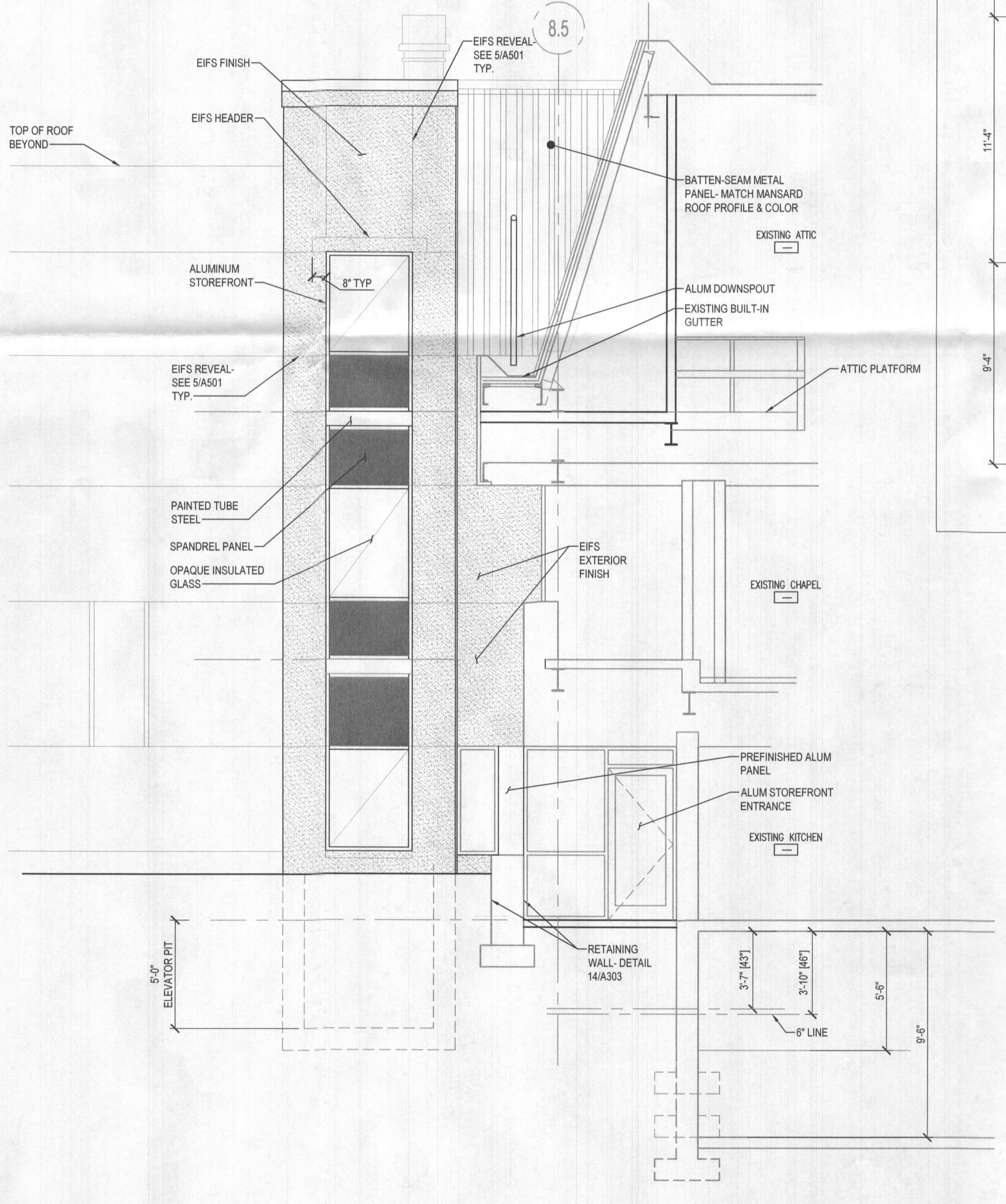
3 SOUTH ELEVATION
SCALE: 1/4" = 1'-0"

STOREFRONT SCHEDULE

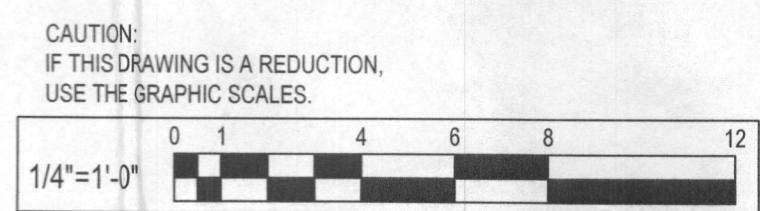
GENERAL NOTE: MATCH STOREFRONT FINISH WITH EXISTING



1 EAST ELEVATION
SCALE: 1/4" = 1'-0"



2 NORTH ELEVATION
SCALE: 1/4" = 1'-0"



BY:	
REVISION:	RECEIVED AUG 16 2019 LICENSES & PERMITS DIVISION
DATE:	
NO.:	

WHITNEY BAILEY COX & MAGNANI, LLC
300 East Toppe Road, Suite 200
410.512.2600 www.wbcm.com

WBCM
Designing Infrastructure for Tomorrow®

ARCHITECTURAL REGISTRATION BOARD
8564-A

SPAIN LEWIS FOLD
OF MARCH 13, 2019

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.
License #8564-A Expiration Date: 4/30/2021

**EXTERIOR ELEVATIONS
STOREFRONT SCHEDULE**

ELEVATOR ADDITION
BON SECOURS CONFERENCE CENTER
1025 MARRIOTTVILLE ROAD
MARRIOTTVILLE, MD, 21104

DESIGNED:	L.M.
DRAWN:	L.M.
CHECKED:	D.L.F.
SCALE:	AS NOTED
DATE:	07/28/2019
PROJECT:	2017.0087.02.0
DRAWING:	

A301