

PERMIT NUMBER: B 20001785

DATE ACCEPTED:



COMMERCIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: 10960 Grantchester Way		Unit: 20
City: Columbia	State: MD	Zip Code: 21044
Subdivision/Village/Complex Name: Crescent Neighborhood		SDP/WP/BA #:
Lot: A-2	Tax Map: 0036	Parcel: 0532
Grading Permit #:		

DESCRIPTION OF WORK *REQUIRED*

Existing Use: Business	Proposed Use: Business	Estimated Cost: \$
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

Tenant fit out on the first floor for a new prosthodontist office.

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (<i>As it appears on tax records</i>): Crescent Area 1-B Holdings, LLC c/o The Howard Hughes Corporation		
Owner's Street Address: PO Box 131298		
City: Carlsbad	State: CA	Zip Code: 92013
Phone: (410) 992-6218	Email: mark.goforth@howardhughes.com	

TENANT INFORMATION *REQUIRED*

Business Name: Maryland Prosthodontist Associates		Contact Name: Ghassan Sinada
Street Address: 10960 Grantchester Way		
City: Columbia	State: MD	Zip Code: 21044
Phone: (443) 631-0982	Email: gsinada@marylandprostho.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: Fredrick Ward Associates		Contact Name: Martin Summers
Street Address: 5 South Main Street		
City: Bel Air	State: MD	Zip Code: 21014
Phone: (443) 371-0549	Email: msummers@fredward.com	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: KasCon Managers & Builders		
Licensee's Name: KasCon Inc.	License #: 13142548	
Street Address: 6325 Woodside Court, Suite 300		
City: Columbia	State: MD	Zip Code: 21046
Phone: (410) 740-7479	Email: tmarcin@kasconinc.com	

ARCHITECT/ENGINEER INFORMATION *REQUIRED - INDIVIDUAL WHO SIGNED PLANS*

Business Name: Frederick Ward Associates		Name: Ted Jasinski
Street Address: 5 South Main Street		
City: Bel Air	State: MD	Zip Code: 21014
Phone: (410) 838-7900	Email: tjasinski@fredward.com	

BUILDING CHARACTERISTICS *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other: Water Source HP	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:#	
Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

ADDITIONAL COMMERCIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

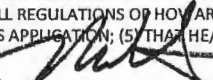
Area of Construction: 4,276 sq ft	Gross Area: 121,655 sq ft	Height: _____ ft	# of Stories: 5
Construction Classification(s): 1B		Use Group: Business	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shell Building Permit # (<i>for interior completions</i>):	

ADDITIONAL MULTI-FAMILY INFORMATION *IF APPLICABLE*

# of efficiency units (MF):	# of 1 BR (MF):	# of 2 BR (MF):	# of 3 BR (MF):
Energy Method: <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI <input type="checkbox"/> A 90.1	Gross Area: _____ sq ft	Occupiable Area: _____ sq ft	

AGREEMENT/ DISCALIMER *REQUIRED*

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


6/8/20
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:			
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>RM</i>
<input type="checkbox"/> SHA	<input type="checkbox"/> CID		
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:	