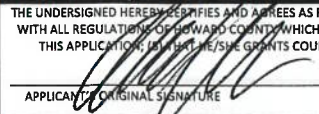


PERMIT NUMBER: B

DATE ACCEPTED:

B21003233

Health

<b>COMMERCIAL BUILDING PERMIT APPLICATION</b>				
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				
<b>BUILDING SITE ADDRESS</b> <i>REQUIRED</i>				
Street Address: <b>6000 Marshalee Dr</b>				Unit:
City: <b>Elkridge</b>		State: <b>MD</b>		Zip Code: <b>21075</b>
Subdivision/Village/Complex Name: <b>N/A</b>				SDP/WP/BA #:
Lot: <b>A 1</b>	Tax Map: <b>37</b>	Parcel: <b>873575</b>	Grading Permit #:	
<b>DESCRIPTION OF WORK</b> <i>REQUIRED</i>				
Existing Use: <b>Vacant Bank</b>		Proposed Use: <b>Dispensary</b>		Estimated Cost: <b>\$ 300,000</b>
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				
<b>Interior remodel, electrical, plumbing, and mechanical work to be completed.</b>				
<b>PROPERTY OWNER INFORMATION</b> <i>REQUIRED</i>				
Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>Talles Robins Development Co.</b>				
Owner's Street Address: <b>1133 Greenwood Rd</b>				
City: <b>Pikesville</b>		State: <b>MD</b>		Zip Code: <b>21208</b>
Phone: <b>(443) 632-2050</b>		Email:		
<b>TENANT INFORMATION</b> <i>REQUIRED</i>				
Business Name: <b>Free State Wellness dba Zenleaf</b>			Contact Name: <b>Achour Odicho</b>	
Street Address: <b>415 N Dearborn</b>				
City: <b>Chicago</b>		State: <b>IL</b>		Zip Code: <b>60654</b>
Phone: <b>(847) 915-9062</b>		Email: <b>achour.odicho@verano.holdings</b>		
<b>APPLICANT NAME</b> <i>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</i>				
Business Name: <b>Free State Wellness dba Zenleaf</b>			Contact Name: <b>Achour Odicho</b>	
Street Address: <b>415 N Dearborn</b>				
City: <b>Chicago</b>		State: <b>IL</b>		Zip Code: <b>60654</b>
Phone: <b>(847) 915-9062</b>		Email: <b>achour.odicho@verano.holdings</b>		
<b>CONTRACTOR INFORMATION</b> <i>REQUIRED</i>				
Business Name: <b>Palmer Construction</b>				
Licensee's Name: <b>Pete Hall</b>		License #: <b>21671449</b>		
Street Address: <b>188 Success Dr. #100</b>				
City: <b>McConnellsburg</b>		State: <b>PA</b>		Zip Code: <b>17233</b>
Phone: <b>(717) 485-5111</b>		Email: <b>wpalmer@palmerconstruction.net</b>		
<b>ARCHITECT/ENGINEER INFORMATION</b> <i>REQUIRED - INDIVIDUAL WHO SIGNED PLANS</i>				
Business Name: <b>Collective Office</b>			Name: <b>Jeff Klymson</b>	
Street Address: <b>9 E 24th St</b>				
City: <b>Chicago</b>		State: <b>IL</b>		Zip Code: <b>60616</b>
Phone: <b>(312) 479-4770</b>		Email: <b>jmk@collectiveoffice.com</b>		
<b>BUILDING CHARACTERISTICS</b> ( <i>PLEASE SELECT/COMPLETE ALL THAT APPLY</i> )				
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:			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	
<b>ADDITIONAL COMMERCIAL INFORMATION</b> ( <i>PLEASE SELECT/COMPLETE ALL THAT APPLY</i> )				
Area of Construction: <b>3,138</b> sq ft		Gross Area: <b>3,138</b> sq ft		Height: <b>25</b> ft # of Stories: <b>1</b>
Construction Classification(s): <b>B</b>			Use Group: <b>mercantile</b>	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Shell Building Permit # ( <i>for interior completions</i> ):	
<b>ADDITIONAL MULTI-FAMILY INFORMATION</b> <i>IF APPLICABLE</i>				
# 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		
<b>AGREEMENT/ DISCALIMER</b> <i>REQUIRED</i>				
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; AND 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 ORIGINAL SIGNATURE: 				DATE SIGNED: <b>8-30-2012</b>
<b>FOR OFFICE USE ONLY</b> CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY				
AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>10/19/21</b>	<input type="checkbox"/> SHA
<input type="checkbox"/> CID				
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:		

Health