

APR 18 2022

PERMIT NUMBER: B22001575

DATE ACCEPTED:

LICENSES & PERMITS DIVISION

**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: **6675 Marie Curie,** Unit: **1**

City: **Elkridge** State: **MD** Zip Code: **21075**

Subdivision/Village/Complex Name: SDP/WP/BA #:

Lot: Tax Map: Parcel: Grading Permit #:

**DESCRIPTION OF WORK REQUIRED**

Existing Use: **Merchantile** Proposed Use: Estimated Cost: **\$ 150,000**

Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVACR)  Electrical  Plumbing  None

**Replace Bakery cooler and Freezer. Install New Lights, New Sprinklers, New HCR in the freezer, New Evaporators.**

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): **Costco Wholesale Corporation**

Owner's Street Address: **999 Lake Drive**

City: **Issaquah** State: **WA** Zip Code: **98027**

Phone: **(425) 416-2229** Email: **Luis.letran@costco.com**

**TENANT INFORMATION REQUIRED**

Business Name: **Same as Owner** Contact Name:

Street Address:

City: State: Zip Code:

Phone: Email:

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: **Miller Construction Services Inc.** Contact Name: **Glory Ejezie**

Street Address: **8104 Edgewater Avenue**

City: **Baltimore** State: **Maryland** Zip Code: **21237**

Phone: **(410) 406-6839** Email: **Glory.ejezie@millerconstructionservices.com**

**CONTRACTOR INFORMATION REQUIRED**

Business Name: **Miller Construction Services Inc.**

Licensee's Name: **Alexander Miller** License #: **03433767**

Street Address: **8104 Edgewater Avenue**

City: **Baltimore** State: **Maryland** Zip Code: **21237**

Phone: **(443) 865-8131** Email: **Alex.miller@millerconstructionServices.com**

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

Business Name: **Cushing Terrell Architects (CTA)** Name:

Street Address: **200 W Mercer ST, STE 503E**

City: **Seattle** State: **WA** Zip Code: **98119**

Phone: **(406) 500-3512** Email: **Nickdoherty@cushingterrell.com**

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

Utilities:  Electric  Gas Water Supply:  Public  Private (Well) Sewage Disposal:  Public  Private (Septic)

Heating System:  Electric  Natural Gas  Propane  Other: Roadside Tree Project:  No  Yes:#

Sprinkler System:  NFPA 13  NFPA 13R  None Fire Alarm System:  Yes  No  Voice Evac

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

Area of Construction: **588** sq ft Gross Area: **1,000** sq ft Height: ft # of Stories: **1**

Construction Classification(s): **C** Use Group: **Merchantile**

Was the tenant space previously occupied?  Yes  No Shell Building Permit # (for interior completions):

**ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE**

# of efficiency units (MF): # of 1 BR (MF): # of 2 BR (MF): # of 3 BR (MF):

Energy Method:  Performance  UA Alternative  ERI  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

APPLICANT'S ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: **4/14/2022**

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

AGENCIES REQUIRED/APPROVALS:

PR  DPZ  DED  Health **5/20/22**  SHA  CID

SUBMITTAL FEES: **\$200** PAYMENT: **CC # 25872** ACCEPTED BY: **URS**