

PERMIT NUMBER: B 22051518

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: 8307 Main Street		Unit:
City: Ellicott City	State: MD	Zip Code: 21043
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Private Parking lot	Proposed Use: Temporary 40x60 Tent	Estimated Cost: \$ 5,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None		
Set up temporary 40x60 tent wed, May 4th for fundraiser. Take down Fri, May 6th. No food served under tent		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Donald Keuer		
Owner's Street Address: 8318 Forest Street		
City: Ellicott City	State: MD	Zip Code: 21043
Phone: 410-707-7054	Email: dreuereldond@gmail.com	

#### TENANT INFORMATION REQUIRED

Business Name: La Palapa Grill & Cantina	Contact Name: Simon Cortes
Street Address: 8307 Main Street	
City: Ellicott City	State: MD
Phone: 410-465-0070	Email: lapalapa.grill@gmail.com
Zip Code: 21043	

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

Business Name: La Palapa Grill & Cantina	Contact Name: Simon Cortes
Street Address: 8307 Main Street	
City: Ellicott City	State: MD
Phone: 410-465-0070	Email:
Zip Code: 21043	

#### CONTRACTOR INFORMATION REQUIRED

Business Name: ABC Party & Tent Rental	License #: 2606 19589
Licensee's Name: Nate McCreary	
Street Address: 1000 Russell Street	
City: Baltimore	State: MD
Phone: 410-252-5520	Email: charlie@abcpartyandtent.com
Zip Code: 21230	

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

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

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

Utilities: <input 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 type="checkbox"/> Other:		Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes:#
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Area of Construction: 2,400 sq ft	Gross Area: sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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

APPLICANT'S ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: 4/11/2022

#### FOR OFFICE USE ONLY

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 4/29/22	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:
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