

RECEIVED

JUL 02 2020

PERMIT NUMBER: B 2000-1863

DATE ACCEPTED:

PLAN REVIEW 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: 11101 Johns Hopkins Road (B200)		Unit:
City: Laurel	State: MD	Zip Code: 20723
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Food service facility	Proposed Use: Food service facility	Estimated Cost: \$45,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Reconfiguration and new installation of select mechanical and electrical infrastructure to support new equipment		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): The Johns Hopkins University Applied Physics Laboratory		
Owner's Street Address: 11100 Johns Hopkins Road		
City: Laurel	State: MD	Zip Code: 20723
Phone: (240) 592-2014	Email: Nicholas.Laswell@jhuapl.edu	

#### TENANT INFORMATION REQUIRED

Business Name: Johns Hopkins University Applied Physics Lab	Contact Name: Nicholas Laswell
Street Address: 11100 Johns Hopkins Road	
City: Laurel	State: MD
Phone: (240) 592-2014	Email: Nicholas.Laswell@jhuapl.edu

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

Business Name: Johns Hopkins University Applied Physics Lab	Contact Name: William Tenckhoff
Street Address: 11100 Johns Hopkins Road	
City: Laurel	State: MD
Phone: (240) 228-2672	Email: William.Tenckhoff@jhuapl.edu

#### CONTRACTOR INFORMATION REQUIRED

Business Name: Johns Hopkins University Applied Physics Lab	
Licensee's Name: William Tenckhoff	License #: 0
Street Address: 11100 Johns Hopkins Road	
City: Laurel	State: MD
Phone: (240) 228-2672	Email: William.Tenckhoff@jhuapl.edu

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

Business Name: Johns Hopkins University Applied Physics Lab	Name: Cheryl Hanke
Street Address: 11100 Johns Hopkins Road	
City: Laurel	State: MD
Phone: (240) 592-0040	Email: Cheryl.Hanke@jhuapl.edu

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

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 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	

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

Area of Construction: _____ 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

APPLICANT'S ORIGINAL SIGNATURE: William Tenckhoff      DATE SIGNED: 6/25/2020

#### FOR OFFICE USE ONLY CHECK'S PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DFD	<input checked="" type="checkbox"/> Health <u>8/10/2020</u>
SUBMITTAL FEES:		PAYMENT:	ACCEPTED BY: _____
			<input type="checkbox"/> SHA <input type="checkbox"/> CID