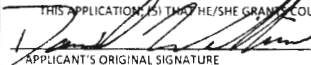


PERMIT NUMBER: B 23002010

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 <i>REQUIRED</i>			
Street Address: 11055 Little Patuxent Parkway			Unit: 103
City: Columbia		State: MD	Zip Code: 21044
Subdivision/Village/Complex Name: Columbia Medical Center			SDP/WP/BA #:
Lot:	Tax Map:	Parcel:	Grading Permit #:
DESCRIPTION OF WORK <i>REQUIRED</i>			
Existing Use: Business		Proposed Use: Business	
		Estimated Cost: \$324,185	
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None			
Interior alterations to an existing office building for a new pediatrics office. Partitions, finishes, drywall. New MEP to be completed as well.			
PROPERTY OWNER INFORMATION <i>REQUIRED</i>			
Owner(s) Name(s) (As it appears on tax records): 2101 Columbia LLC TDC Columbia TIC LL			
Owner's Street Address: 7101 Wisconsin Avenue Suite 700			
City: Bethesda		State: MD	Zip Code: 20814
Phone: (202) 625-4250		Email: carolinat@donohoe.com	
TENANT INFORMATION <i>REQUIRED</i>			
Business Name: Howard County Pediatrics, LLC		Contact Name: Dr. Wendell McKay	
Street Address: 9501 Old Annapolis Road Suite 101			
City: Ellicott City		State: MD	Zip Code: 20814
Phone: (410) 992-9339		Email: drwhmckay@gmail.com	
APPLICANT NAME <i>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</i>			
Business Name: Rapid Permit Service, Inc.		Contact Name: Daniel Williams	
Street Address: 7711 Garrison Road #200			
City: Landover Hills		State: MD	Zip Code: 20784
Phone: (301) 731-4767		Email: dwilliams@rapidpermits.com	
CONTRACTOR INFORMATION <i>REQUIRED</i>			
Business Name: Donohoe Construction Company			
Licensee's Name:		License #: 15148815	
Street Address: 7101 Wisconsin Avenue, Suite 700			
City: Bethesda		State: MD	Zip Code: 20814
Phone: (202) 625-5564		Email: treyhe@donohoe.com	
ARCHITECT/ENGINEER INFORMATION <i>REQUIRED - INDIVIDUAL WHO SIGNED PLANS</i>			
Business Name: DBI Architects		Name: Roseanne Beattie	
Street Address: 1984 Isaac Newton Square West, Suite 400			
City: Reston		State: VA	Zip Code: 20190
Phone: (703) 608-5597		Email: btodd@dbia.com	
BUILDING CHARACTERISTICS <i>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</i>			
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 checked="" 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 <i>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</i>			
Area of Construction: 7,168 sq ft		Gross Area: 51,432 sq ft	
		Height: 40 ft	# of Stories: 3
Construction Classification(s): IB		Use Group: B-Business	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	
ADDITIONAL MULTI-FAMILY INFORMATION <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	
AGREEMENT/ DISCALIMER <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, (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES			
		6/6/2023	
APPLICANT'S ORIGINAL SIGNATURE		DATE SIGNED	
FOR OFFICE USE ONLY <i>CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY</i>			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 6/20/23 <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: \$ 200		PAYMENT: PAID	
		ACCEPTED BY: 