

No Notification received from DILP. Original Permit dated 11-14-23  
ZS

Record Detail (This section is required.)

Permit Type Building/Commercial/Alteration/NA Permit Number B23004521 Opened Date 11/14/2023

Description of Work  
UNIT 155/ SMILE LI DENTAL/ INTERIOR ALTERATIONS FOR NEW TENANT TO INCLUDE REMOVE ONE WALL AND TWO DOORS, RELOCATE TO ADD LARGER EXAM ROOM. REMOVE CLOSET TO CREATE LARGER IM AGE AREA. REPL ACE DAMAGED CEILING TILES. PATCH FLOORING AS NEEDED. SKIM AND PAINT AFFECTED WALLS. ALL OTHER WALLS, DOORS, CEILING, LIGHTING, EXISTING ADA RESTROOM TO REMAIN. RUN VAC & AIR LINES & POWER TO DENTAL CHAIRS. \*\*\*ADD WASTE, VENT AND WATER FOR VAC SYSTEM. REPLACE EXISTING BATH FAN. jei \*\*\*

check spelling

Approved,  
g/b 1/23/24

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 7625 Street Name MAPLE LAWN Street Type BLVD

Unit Type STE Unit # 155 X Coordinate -76.90362 Y Coordinate 39.15744

City FULTON State MD Zip Code 20759 Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
923604	205	4.94	140000	350000	210000	SOUTHE

Legal Description  
IMPSP/O PAR A5 4.9434 A.[ ]7625 MAPLE LAWN BLVD[ ]MAPLE LAWN MIDTOWN

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		605102	4				

Plan Area State Tax Id 1405454131 Subdivision Name Maple Lawn Farms

Section Area Tax Map 41

Grid 41-22 Zoning District RR-MXD-3 ADC Map 5052-F5

SDP No. SDP-06-148 Final Plan No. F-04-092 WP File No.

Record Plat No. WS Contract No. FDP No. Primary Yes

Owner Occupied Year Built Historic District  
 Yes  No  Yes  No

Historic District Registry No. Stat Area 5-16A Flood Plain  
 Yes  No

Building No

Owner (This section is not required.)

Search Reset Clear

Name SICONG LI

Address Line 1 7625 MAPLE LAWN BLVD ST 155

Address Line 2

Address Line 3

Mail City FULTON Mail State MD Mail Zip Code 20759

Phone 314-583-9613 Primary Yes

E-mail SICONGLI88@GMAIL.COM

Cell Number Fax Number

**Professionals** (This section is not required.)

**License #** · 08050043236  
**License Type** · MHIC Co  
**Primary**  
 Yes

**Business Name**  
 YBM CONSTRUCTION INC  
**First Name** Middle Name Last Name  
 BEHZAD BASHIRI  
**Address Line 1**  
 604 SOUTH FREDERICK AVE #415  
**Address Line 2**

**City** Gaithersburg **State** MD **ZIP Code** 20877  
**Phone 1** Phone 2 **Fax**  
 3019470471 3019470474  
**E-mail**  
 BEN@YBMCONSTRUCTION.COM

**Applicant** (This section is not required.)

**Search** As Owner As Lic. Prof As Contact

**Type** · Applicant  
**Relationship**  
 Applicant  
**Primary**  
 No

**First Name** MI Last Name  
 BEHZAD BASHIRI  
**Full Name**  
 BEHZAD BASHIRI  
**Organization Name**  
 YBM CONSTRUCTION INC  
**Street Address**  
 604 SOUTH FREDERICK AVE #415  
**Address Line 2**

**City** Gaithersburg **State** MD **Zip Code** 20877  
**Phone** Cell **Fax**  
 3019470471 3019470474  
**E-mail**  
 BEN@YBMCONSTRUCTION.COM

**Contact** (This section is not required.)

**Search** As Owner As Lic. Prof As Contact

**Type** · Contact  
**Relationship**  
 Licensed Professional  
**Primary**  
 Yes

**First Name** MI Last Name  
 Ben Bashiri  
**Full Name**  
 Ben Bashiri  
**Organization Name**  
**Street Address**  
 604 S Frederick Ave #415  
**Address Line 2**

**City** Gaithersburg **State** MD **Zip Code** 20877  
**Phone** Cell **Fax**  
 301-947-0471 301-370-4233  
**E-mail**  
 ben@ybmconstruction.com

**Addl Info**

**Est Construction Cost** · 38500  
**Housing Units** · 0  
**Number of Buildings** · 0  
**Public Owned** · No

**Construction Type**  
 --Select--

**COMMERCIAL ALTERATION**

**BUILDING INFORMATION**

**Expedited Review** ·  Yes  No  
**Capital Project-No Fee** ·  Yes  No  
**Capital Project Number**  
**Fee Exempt** ·  Yes  No  
**Fee Exempt Group** · --Select--

**Roadside Tree Project Permit** ·  Yes  No  
**Roadside Tree Project Permit #**  
**Was Tenant Space previously occupied** ·  Yes  No  
**Previous Use** · MEDICAL OFFICE  
**Revision Fees?** ·  Yes  No  
**Proposed Use** · DENTAL OFFICE  
**Assembly** ·  Yes  No  
**Tenant** · **Shell Permit Number** **Use Group** **Construction Type** **Interior Completion**

Minor Alteration  Significant Alteration  
 Downtown Tax Square Footage  Yes  No  
 State Certified Module  Yes  No  
 Mercantile/Retail No of Stories Height  
 Plan Submittal  IIR Unprotected Non-Combustible  Protected Non-Combustible  
 --Select-- 07/15/2024  
 U&O Issued On   
 U & O Comments   
 Gross Area - Sq Foot Per Floor Area of Construction - SQ FT  
 SQFT 1700

UTILITY INFORMATION

Water Supply Public Sewage Disposal Public Utilities Electric Heating System Electric Geothermal  Yes  No Sprinkler System Full Fire Alarm  Yes  No

GREEN BUILDING INFORMATION

Goal Level --Select-- Actual Level --Select-- Leed Registration Number Date of Leed Certification

Submit Cancel