

Record Detail \* (This section is required.)

Permit Type Building/Commercial/Alteration/NA Permit Number B24002604 Opened Date 07/14/2024

Description of Work

Suite E/ TEITLER FAMILY DENTAL/ Interior alteration to include new partition walls, new drywall and acoustical tile ceilings, doors and hardware, HVAC, Plumbing, electrical, IT and Phones, finishes including flooring and wall coverings, cabinetry, and casework.

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 712 Street Name LISBON CENTER Street Type DR

Unit Type --Select-- Unit # X Coordinate -77.06701 Y Coordinate 39.34956

City WOODBINE State MD Zip Code 21797 Primary Yes

Need more info. Dental on private septic. JB 9/18/24

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
911410	82	14.19	1379600	5592600	1949500	RURAL

Legal Description PAR G 14.1986 A [ ]700 706 LISBON CENTER DR[ ]ROUTE 94 BUSINESS CENTER

Based on new plans provided on PPOX, APPROVED. JB 11/7/24

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR G	604001	5				

Plan Area State Tax Id 1404322649 Subdivision Name ROUTE 94 BUSINESS CENTI

Section Area Tax Map 2

Grid Zoning District B-2 ADC Map 4691-K5

SDP No. SDP-01-008 Final Plan No. ECP-22-064 WP File No.

Record Plat No. 15857 WS Contract No. FDP No. Primary Yes

Owner Occupied Year Built 1989 Historic District  Yes  No

Historic District Registry No. Stat Area 4-02 Flood Plain  Yes  No

Building No

Owner (This section is not required.)

Search Reset Clear

Name LISBOI

Address Line 1 2560 LORD BALTIMORE DR

Address Line 2

Address Line 3

Mail City BALTIMORE

Mail State MD

Mail Zip Code 21244

Phone 410-788-0100

Primary Yes

E-mail

MTaylor@sipi.com  
Cell Number

Fax Number

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

**License # \***  
21040008476  
**License Type \***  
Architect  
**Primary**  
Yes

**Business Name**  
CDS Architectural Design  
**First Name**      **Middle Name**      **Last Name**  
MICHAEL           ASBACHER  
**Address Line 1**  
14733 JANICE DRIVE  
**Address Line 2**

**City**      **State**      **ZIP Code**  
ROCKVILLE      MD      20853-0000  
**Phone 1**      **Phone 2**      **Fax**

**E-mail**  
MIKEA@CONSULTINGDESIGN.NET

**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**  
BRIAN           BENNETT  
**Full Name**  
BRIAN BENNETT  
**Organization Name**  
DIAKO CONSTRUCTION INC  
**Street Address**  
907 OLD NEW WINDSOR PIKE  
**Address Line 2**

**City**      **State**      **Zip Code**  
WESTMINSTER      MD      21157 675  
**Phone**      **Cell**      **Fax**  
4108610757      4107461058      4108403352  
**E-mail \***  
BRIAN@DIAKOONLINE.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**  
BRIAN           BENNETT  
**Full Name**  
BRIAN BENNETT  
**Organization Name**  
DIAKO CONSTRUCTION INC  
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**City**      **State**      **Zip Code**  
WESTMINSTER      MD      21157 675  
**Phone**      **Cell**      **Fax**  
4108610757      4107461058      4108403352  
**E-mail**  
BRIAN@DIAKOONLINE.COM

**Addl Info**

**Est Construction Cost \***      **Housing Units \***      **Number of Buildings \***      **Public Owned**  
295100      0      0      No

**Construction Type**  
--Select--

**COMMERCIAL ALTERATION**

**BUILDING INFORMATION**

**Expedited Review \***      **Capital Project-No Fee \***      **Capital Project Number**      **Fee Exempt \***      **Fee Exempt Group**  
                     (Text)      --Select--

Revi

Yes  No **Roadside Tree Project Permit**
 Yes  No **Roadside Tree Project Permit #** (Text)
  Yes  No **Was Tenant Space previously occupied**
 Yes  No **Proposed Business**

**Tenant** \* Teitler Family Dental Care (Text)
 **Shell Permit Number** (Text)
 **Use Group** Office Building
 **Construction Type** IIB Unprotected Non-Combustible

Yes  No **Minor Alteration** \*
 **Downtown Tax Square Footage** (Number)
  Yes  No **State Certified Module** \*
 **No of Stories** (Number)
 **Height** (Number)
 **Plan Submittal** --Select--

**U & O Issued On** 
**U & O Comments** [check spelling](#)
**Gross Area - Sq Foot Per Floor** SQFT (Number)

**UTILITY INFORMATION**

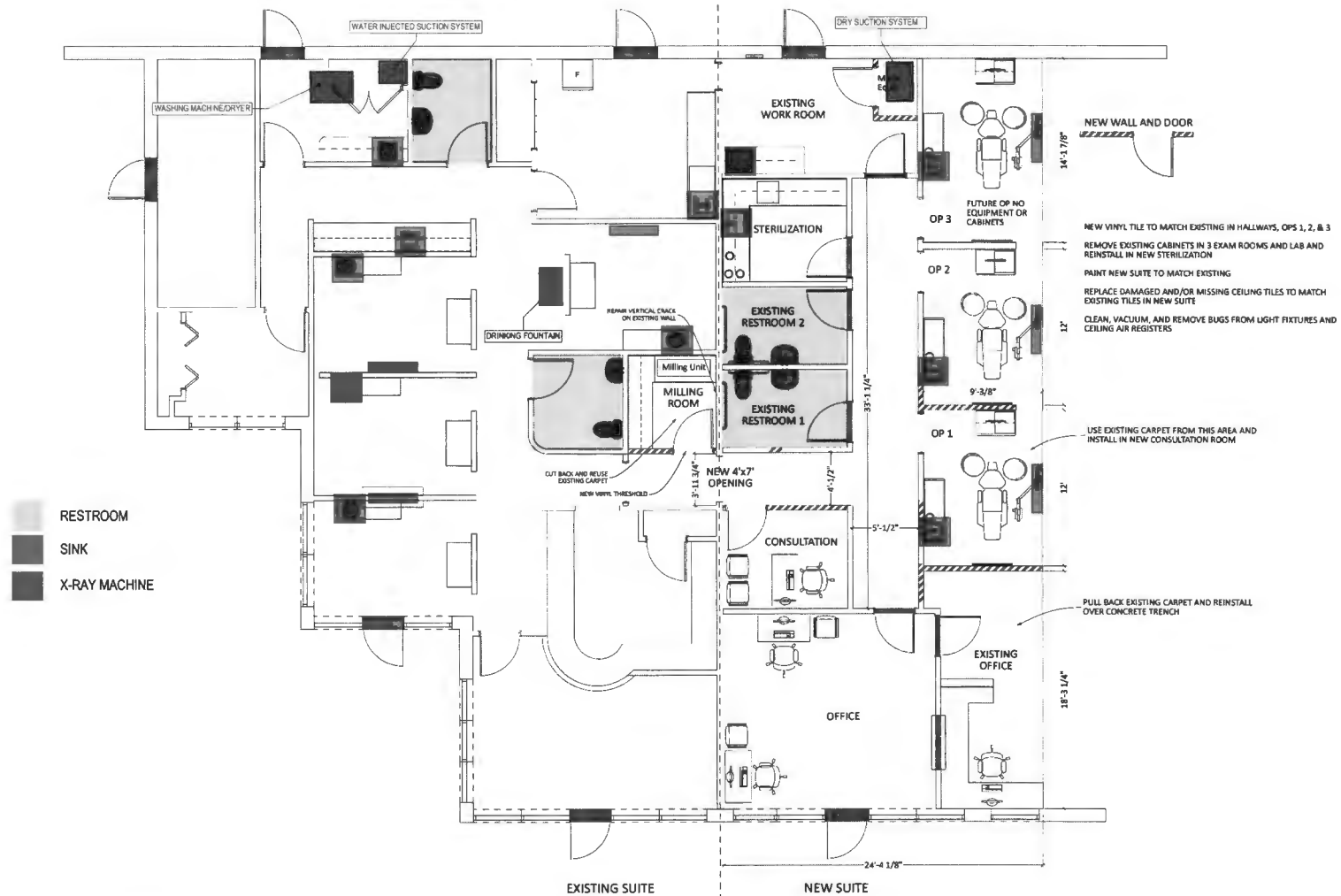
**Water Supply** \* Private
 **Sewage Disposal** \* Private
 **Utilities** \* Electric
 **Heating System** \* Electric
 **Geothermal** \*  Yes  No
 **Sprinkler System** \* None
 **Fire Alarm**  Yes  No

**GREEN BUILDING INFORMATION**

**Goal Level** --Select--
 **Actual Level** --Select--
 **Lead Registration Number** (Text)
 **Date of Lead Certification**

Submit Cancel

# OLD SUITE - 708 LISBON CENTER DRIVE, SUITES A&B



**1 FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

Comments:

**Teitler Family Dental Care**  
708 Lisbon Center Drive, Suites A&B  
Woodbine, MD 21157

Date	Description
03/22/19	Landlord Review
04/02/19	Permit

Date	03/12/2019
Project	0000
Drawn by	BB
Scale	As Shown

Sheet Title  
**FLOOR PLAN**

Sheet No  
**03**

NEW SUITE - 712 LISBON CENTER DRIVE, SUITE - E



EQUIPMENT FLOOR PLAN 1/4" = 1'-0"

- RESTROOM
- SINK
- X-RAY MACHINES

COMPARISON OLD TO NEW

- OLD:
- 4 - RESTROOMS
  - 12 - SINKS
  - 1 - WATER INJECTED SUCTION SYSTEM
  - 1 - AIR SUCTION SYSTEM (USES NO WATER)
  - 1 - DRINKING FOUNTAIN
  - 1 - WASHING MACHINE
  - 6 - X-RAY MACHINES

- NEW:
- 3 - RESTROOMS
  - 7 - SINKS
  - 0 - WATER INJECTED SUCTION SYSTEM
  - 2 - AIR SUCTION SYSTEM (USES NO WATER)
  - 1 - DRINKING FOUNTAIN
  - 1 - WASHING MACHINE
  - 6 - X-RAY MACHINES

- DIFFERENCE:
- 1
  - 5
  - 1 - WATER INJECTED SUCTION SYSTEM
  - 1
  - 0
  - 0
  - 0

\*Professional Certification:  
I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, license number 8476, expiration date: 02/21/25.\*

**CD&S**  
**ARCHITECTURAL**  
**DESIGN**  
design • planning • consulting  
CONSULTING DESIGN SERVICES, P.A.  
14735 ANNETT DRIVE  
DROEVILLE, MARYLAND 20835  
Tel. 301-252-1367

**Interior Alteration for:  
Teitel Family Dental Care  
712 Lisbon Center Drive Suite E  
Woodbine, Maryland 21797**

SUBMITTALS	
04.30.24	100% REVIEW SET
05.08.24	FINAL REVIEW SET
07.25.24	PERMIT SUB



JOB No. Q24-015  
FILE  
DATE 02.25.24

EQUIPMENT PLAN

A1.3

# Lisbon Center | Site Plan



KEY PLAN - GROUND FLOOR