

Approved
MOC 6/16/25

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #
EH-PLANS-25-0
Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review
Opened Date
06/13/2025
Single Entry Edit-View Record Form

Application Name
B25002164
Description
SUITE 200/ DR WRIGHT FAMILY DENTISTRY/ INTERIOR ALTERATIONS TO INCLUDE DEMOLITION OF EXISTING FLOOR PLAN, NEW PARTITIONS, ceilings, and millwork, FINISHES, LIGHTING, MODIFICATIONS TO PLUMBING, HVAC

Total Invoiced
0.00
Total Paid
0.00
Balance
0.00

Online B.P. Needs x-ray letter.

Assigned to Department Current Department
Well and Septic Progr
Assigned to Staff Current User
Zack Silvast

Address * (This section is required.)

New	Search	Delete	Set Primary													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="checkbox"/>					10480		Little ...	PKWY	Colu...	MD	21044				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract	
0 record(s) found.																

Owner (This section is not required.)

Search	Delete	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region			
<input type="checkbox"/>	<input checked="" type="checkbox"/>				40 CCC LLC.	PO Box 131298			Carlsbad	CA	92013		US			

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant
Primary
Yes
First Name *
Matthew
Middle Name
Last Name *
Duncan
Home Phone ((XXX)XXX-XXXX)

Organization Name *

Interplan, Inc

Mobile Phone ((xxx)xxx-xxxx)

(703) 965-6143

E-mail

mduncan@interplaninc.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary Recipient	Status
0 record(s) found.							

Custom Fields

DATE TRACKING

Received Date

6/13/2025

Due Date

6/30/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

6/13/2025

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Yes No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes No

Facility Fax

0 (Text)

Days of Operation

0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source

Public

Sewage Disposal

Public

Design Wastewater Flow

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0

(Number)

Date PLAT signed by Health Officer

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type

Commercial

Plan Version

Initial

Signature Required

Yes No

Engineer

0

(Text)

Number of paper copies

0

(Number)

Number of mylar copies

0

(Number)

Number of buildable lots created

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease Interceptor or grease trap?

--Select--



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

June 25th, 2025

Dr. Wright Family Dentistry

10480 Little Patuxent Pkwy, Suite 200
Columbia, MD 21044

Sent via email to: Matt Duncan
mduncan@interplaninc.com

**RE: #B25002164
10480 Little Patuxent Pkwy**

To Whom It May Concern:

This letter is in response to building permit B25002164. The building permit application and plans indicate proposed work that may include new x-ray equipment and/or high-energy/radiation technology that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions, you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department on 6/26/25. I may be reached at 410-313-1771 if you would like to discuss the project in more detail.

Respectfully,

Melanie Eshenbaugh
Well & Septic Program
Bureau of Environmental Health

June 6, 2025

Howard County Department of Inspections, Licenses and Permits (DILP)
3430 Court House Drive, Ellicott City, Maryland 21043
Phone: 410-313-2433 | Fax: 410-313-3322

**Re: Dr. Wright Family Dentistry (Interplan Proj #4748-08)
10480 Little Patuxent Pkwy, Suite 200, Columbia, Maryland 21044
Building B25002164: Commercial Alteration Permit**

To Whom it May Concern:

The following is a written Tenant Letter associated with the above-referenced permit application:

The work consists of all new construction to for new medical office tenant fit-out. The documents include work for demolition of the existing suite and for new partitions, doors, millwork and modifications of existing MEP systems as necessary. Tenant will be bringing over their existing dental equipment and new locations are shown on the plans. The practice will utilize digital dental X-ray equipment. There will be no nuclear imaging or radioactive materials used or stored onsite.

We believe the above statement clarifies the scope of work to allow for a complete review.

Respectfully Submitted,

INTERPLAN, INCORPORATED



Matthew Duncan, AIA
mduncan@interplaninc.com
Phone: 703-965-6143