

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

309000728

Building Address 10865 Deerpath Rd Property Owner's Name Whalen Properties  
 Suite/Apt. # 3<sup>rd</sup> FL SDP/WP/Petition #: 00-012 Address 2 W. Redding Crossroads #203  
 Census Tract \_\_\_\_\_ Subdivision Dressy Business Center City CATONSVILLE State MD Zip Code 21228  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_ Phone 410 747 2900  
 Tax Map 7 Parcel 1 Grid \_\_\_\_\_ Applicant's Name & Mailing Address, (if other than stated hereon):  
 Zoning \_\_\_\_\_ Map-Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_ XORLI PEREZ (PEREZ PERMITS)  
 Phone \_\_\_\_\_ Fax 240 671 4000 (cell)

Existing Use \_\_\_\_\_ Contractor Company Richard's Drywall  
 Proposed Use Shell space empty Contact Person Chuck Richards  
 Estimated Construction Cost \$ 12,500 Address 8375 Sunset Drive  
 Description of Work convert space for tenant - oral surgeon's office - office area. City Ellicott City State MD Zip Code 21143  
 License No. \_\_\_\_\_ Phone 410 984 6602 Fax \_\_\_\_\_

Occupant or Tenant Richardson Center for Oral & Facial Surgery P.C. Engineer or Architect Company Ratcliffe Associates  
 Contact Name Dr. Daniel Richardson Contact Person Don Ratcliffe  
 Address 10865 Deerpath Rd. Address 10414 Stevenson Rd.  
 City Elkridge State MD Zip Code 21227 City Stevenson State MD Zip Code 21153  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone 410 484 7010 Fax 410 484 3819

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: <u>45'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>3</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>21,000</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company Agent, Perez Permits

Print Name XORLI PEREZ  
 Date 4/15/09 4-16-09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____ Filing fee \$ <u>1000</u>	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>4/22/09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	