

# Health Dept.

|   |   |                                   |
|---|---|-----------------------------------|
| DEPT. OF INSPECTIONS, LICENSES AND PERMITS<br>3436 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> | B09002080<br><b>PERMIT NUMBER</b> |
|---|---|-----------------------------------|

Building Address 6656 Dobbin Rd.  
Columbia, MD 21045

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Concentra Inc.  
 Address 30800 Telegraph Rd., Ste. 3900  
 City Bingham Farms State MI Zip Code 48025  
 Phone 248-712-2202 Phone 248-712-2320  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Administrative Offices  
 Proposed Use SAME  
 Estimated Construction Cost \$ 140,000.00

Description of Work Reconfigure interior  
walls, nonbearing partitions,  
painting, replace ceiling tiles,  
Flooring

Occupant or Tenant CONCENTRA Medical Center

Contact Name \_\_\_\_\_  
 Address 30800 Telegraph Rd., Suite 3900  
 City Bingham Farms State MI Zip Code 48025  
 Phone (248) 712-2202 Fax (248) 712-2320

Contractor Company Rectenwald Bros. Const.  
 Contact Person Jerry Rectenwald  
 Address 16 Leonberg Rd.  
 City Cranberry Twp State PA Zip Code 16066  
 License No. 32378608  
 Phone 724-772-8282 Fax 724-772-8281

Engineer or Architect Company Page Southward Eng.  
 Contact Person \_\_\_\_\_  
 Address 3500 Maple Ave, Ste. 600  
 City Dallas State TX Zip Code 75219  
 Phone 214-522-3900 Fax 214-522-4380


**BUILDING DESCRIPTION - COMMERCIAL**

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

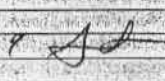

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____<br>Public _____<br>Private _____  |
| Depth _____ Width _____   | Sewage Disposal: _____<br>Public _____<br>Private _____   |
| 1 <sup>st</sup> floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 2 <sup>nd</sup> floor: _____  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Basement: _____   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____  |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>             |   |
| No. of Bedrooms _____   |   |
| 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 _____   |   |
| Manufactured Home _____   |   |

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 Print Name  
Robert Atkins II  
 Title/Company Date  
Rectenwald Brothers Construction Inc 8/11/09

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>200.00</u>   |
| State Highways   |                |   | Rear: _____  | Permit fee \$ _____   |
| Building Officials                                       |                |   | Side: _____  | Excise tax \$ _____   |
| Dev. Engineering, DPZ                                    |                |   | Side St.: _____  | Add'l per fee \$ _____  |
| Health   | <u>8/18/09</u> |  | All minimum setbacks met?                                | TOTAL FEES \$ _____   |
| Fire Protection  |                |   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____   |
| Is Sediment Control approval required prior to issuance? |                |   | Is Entrance Permit required?                             | Balance due \$ _____  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                |   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>6537</u>   |
|  |                |   | Historic District?                                       | Validation # _____  |
|  |                |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |                |   | Lot Coverage for New Town Zone _____                     |   |
| ONE STOP SHOP: <input type="checkbox"/>                  |                |   | SDP/Red-line approval date _____                         | Accepted by  |