

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

PO8003475

Building Address 2001  
Suite/Apt. #: L SDP/WP/Petition #: 1  
Census Tract --- Subdivision ---  
Section --- Area --- Lot ---  
Tax Map --- Parcel --- Grid ---  
Zoning --- Map Coordinates --- Lot size ---

Property Owner's Name DORIS TAYLOR  
Address 5300 DURREY HALL DRIVE UNIT 2412  
City ELICOTT CITY State MD Zip Code 20142  
Phone 410 457-174 Phone 402 762 0422  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone --- Fax ---

Existing Use Office Bldg  
Proposed Use Rental Office  
Estimated Construction Cost \$ 1,120,000  
Description of Work Interior build out

Contractor Company Tenant Contractor  
Contact Person ---  
Address ---  
City --- State --- Zip Code ---  
License No. ---  
Phone --- Fax ---

Occupant or Tenant Richardson Academic Center  
Contact Name Shanta Richardson  
Address 7131 Hocking Rd #418  
City Bethesda State MD Zip Code 20814  
Phone 417 548 3353 Fax 410 617 529 9181

Engineer or Architect Company Richardson  
Contact Person Art Salariam  
Address 13211 Shepard Dr Unit C  
City Stealey State VA Zip Code 20164  
Phone 703 430 6669 Fax 703 430 6880

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>25</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>---</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>IB</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	<input checked="" type="checkbox"/> Full
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	<input type="checkbox"/> # of Heads

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

Print Name DAVID MAHAYAN  
Date 12/1/08

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>---</u>	Filing fee \$ <u>---</u>
State Highways			Rear: <u>---</u>	Permit fee \$ <u>---</u>
Building Official			Side: <u>---</u>	Excise tax \$ <u>---</u>
Dev. Engineering, DPZ			Side St.: <u>---</u>	Add'l per. fee \$ <u>---</u>
Health	<u>12/15/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>---</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>---</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ <u>---</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>---</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone <u>---</u>	
Green: LDD, DPZ			SDP/Red-line approval date <u>---</u>	
Yellow: DED, DPZ				



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 15, 2008

Richardson Pediatric Dentistry  
c/o Shanta Richardson  
7131 Arlington Rd. #418  
Bethesda, MD 20814

**RE: B08003475**  
8001 Hillsborough Rd, Ste. L  
Ellicott City, MD 21043

To Whom It May Concern:

This letter is in response to building permit B08003475. The building permit application and plans indicate that the proposed work includes equipment 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. I may be reached at 410 313-2651 if you would like to discuss the project in more detail.

Respectfully,

Michael J. Davis  
Assistant Director  
Bureau of Environmental Health