



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B14001585

Building Address: 6955 OAKLAND MILLS RD  
 City: COLUMBIA State: MD Zip Code: 21045  
 Suite/Apt. #: 0 SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Potomac Property  
 Address: 6955 OAKLAND MILLS RD  
 City: COLUMBIA State: MD Zip Code: 21045  
 Phone: 201-540-1270 Fax: \_\_\_\_\_  
 Email: www.firstpotomac.com

Existing Use: Dental Facility  
 Proposed Use: Dental Facility  
 Estimated Construction Cost: \$ 70,000  
 Description of Work: Remove existing equipment and replace with new, minor relocation with 24K  
 Occupant or Tenant: Snow Den Family Dental Care  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Nguyenanh chu, D.D.S  
 Address: 6955 OAKLAND MILLS RD SUITE 0  
 City: COLUMBIA State: MD Zip Code: 21045  
 Phone: 410-290-6974 Fax: 410-290-7911  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Michael J Phelan  
 Address: 20809 SLAB BRIDGE RD  
 City: BALT State: MD Zip Code: 21053  
 Phone: 443-632-5886 Fax: \_\_\_\_\_  
 Email: mphelan48@gmail.com

Contractor Company: Phelan Construction Inc  
 Contact Person: Michael J Phelan  
 Address: 20809 SLAB BRIDGE RD  
 City: BALT State: MD Zip Code: 21053  
 License No.: 03833024  
 Phone: 443-632-5886 Fax: \_\_\_\_\_  
 Email: mphelan48@gmail.com

Engineer/Architect Company: SAME  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
Area:	2 <sup>nd</sup> floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: Michael J Phelan Print Name: Michael J Phelan  
 Email Address: mphelan48@gmail.com Date: 5-15-14  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6.3.14</u>	<u>J. Oswald</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>700</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>1528</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 7-16-14  
 To: SYDONIA GARROTT  
 (Person's Name and Division)  
 From: Mike Phelan Phelan Construction (443) 637-5646  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name Snouden Family Dentistry  
 Project site address 6955 JAG LAND MILLS RD SUITE 0  
 Permit Number B14001585 SDP # \_\_\_\_\_  
 Other information pertinent to this project LETTER ATTACHED FOR SEPARATION

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to Howard County plan review code letter
  - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
  - Structural steel certification
  - Energy conservation calculations
  - Certification for \_\_\_\_\_ (be specific).
  - Copies of \_\_\_\_\_ (be specific).
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?  
 If so, please list that person's name and telephone number below:  
Mike Phelan (Person's name) (443) 637-5646 (Telephone number)

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED PERMITS ARE OBTAINED, THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL OR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE MADE BY CALLING 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE MADE BY CALLING 410-313-2436. PLEASE ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PLAN REVIEW. ALL PERMIT SUBMITTALS TO BE REVIEWED. THANK YOU.**

**COMMERCIAL REVISIONS # 1**  
 Project Name: Snouden Dentistry  
 Permit # B14-1585 Date: 7/17/14

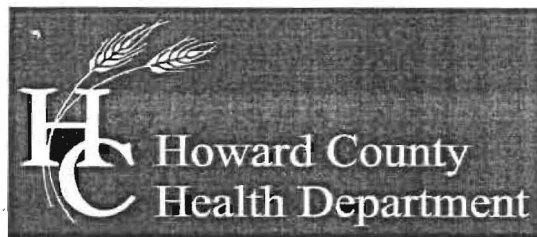
Please date, initial, and advise project coordinator when last review is complete.

APH/SLG \_\_\_\_\_  
 DLM/JDH \_\_\_\_\_  
 DEC/MSS \_\_\_\_\_

*copy to Health*

EV # 1

white: Plan Review Division  
 yellow: Applicant  
 pink: Permit Division



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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July 29, 2014

MICHAEL J PHELAN  
PHELON CONSTRUCTION INC.  
20809 SLAB BRIDGE ROAD  
FREELAND, MD 21053

*Sent via email to: MPHELON48@GMAIL.COM - mailed 7.29.14 H.O.*

**RE: B14001585**  
**6955 Oakland Mills Road, Suite O**  
**Columbia, MD 21045**

To Whom It May Concern:

This letter is in response to building permit B14001585. The building permit application and plans indicate that the proposed work includes x-ray 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) 313-1786 if you would like to discuss the project in more detail.

Respectfully,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Well & Septic Program  
Bureau of Environmental Health