



# 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.: B1500001

Building Address: 15277 B. Jones Rd. Pike  
 City: 21114 State: MD Zip Code: 21114  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Warehouse  
 Proposed Use: Warehouse  
 Estimated Construction Cost: \$ 4.5 - 5.0 million  
 Description of Work: Expansion of (4) bays from 100' x 200' to 150' x 200'  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: John J. ...  
 Address: 1100 ...  
 City: Frederick State: MD Zip Code: 21773  
 Phone: 301-251-... Fax: \_\_\_\_\_  
 Email: john.j. ...

Property Owner's Name: Glen Miller  
 Address: 10 ...  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 21704  
 Phone: 410-415-444 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: WOODWIND Construction  
 Contact Person: Dustin WOOD  
 Address: 5712 Industry Lane  
 City: Frederick State: MD Zip Code: 21704  
 License No.: B7046  
 Phone: 301 662 6643 Fax: 301 473 5119  
 Email: dwood@woodwindconstruction.com

Engineer/Architect Company: See contractor  
 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: _____	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
	2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): <u>400</u>	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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: _____
<b>Roadside Tree Project Permit</b>	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<b>Water Supply</b>
<input type="checkbox"/> Public
<input type="checkbox"/> Private
<b>Sewage Disposal</b>
<input 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<b>Sprinkler System:</b>
<input type="checkbox"/> Yes <input checked="" 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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Date: 1/20/15

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>1/20/15</u>	<u>H. Oswald</u>

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>600</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>109</u>

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

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

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

Permit No.: B15000011

b. 10270 Baltimore National Pike  
City: City State: MD Zip Code: 21042  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Veterinary Medicine  
Proposed Use: Veterinary Medicine  
Estimated Construction Cost: \$ \$10 - 12,000  
Description of Work: Upgrade (4) kennels from chain link to temp glass, add (2) Non lockberry walls & 8 ft

Occupant or Tenant: Peter Lotsikas / Skylos Sport Medicine  
Was tenant space previously occupied?  Yes  No  
Contact Name: Peter Lotsikas  
Address: 1910 Monument Rd  
City: Myersville State: MD Zip Code: 21773  
Phone: 240-750-0601 Fax: \_\_\_\_\_  
Email: plotsikas@skylospartsmedicine.com

Property Owner's Name: Glean Mullinix  
Address: 10226 Baltimore National Pike  
City: Ellicott City State: MD Zip Code: 21042  
Phone: 410-465-9471 Fax: 410-250-0042  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (if other than stated herein)**  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: WOODWIND Construction  
Contact Person: Dustin WOOD  
Address: 5712 Industry Lane C  
City: Frederick State: MD Zip Code: 21704  
License No.: 87046  
Phone: 301-662-6643 Fax: 301-473-5119  
Email: \_\_\_\_\_

dwood@woodwindconstruction.com  
Engineer/Architect Company: See Contractor  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
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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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Peter Lotsikas  
Applicant's Signature  
plotsikas@skylospartsmedicine.com  
Email Address  
or plotsikas@gmail.com

Peter Lotsikas  
Print Name  
12/15/14  
Date

HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING  
DEVELOPMENT ENGINEERING DIVISION  
3430 Court House Drive  
Ellicott City, MD 21043  
(410) 313-4392 / (410) 313-3372

REQUIRED SUPPLEMENTAL INFORMATION SHEET  
FOR COMMERCIAL BUILDING PERMIT APPLICATIONS

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION FOR REVIEW  
BY THE DEVELOPMENT ENGINEERING DIVISION  
DEPARTMENT OF PLANNING AND ZONING  
(To Be Completed By The Applicant)

The following information is required so that your application can be processed. Complete all applicable fields.

1. Address of property (project address):

Street Address 10270 Baltimore National Pike

City Ellicott City State MD Zip Code 21042

2. Owner's Name Glean Mullinix Phone #: 410-465-944

Owner's Address 10226 Baltimore National Pike

City Ellicott City State MD Zip Code 21042

3. Subdivision Name \_\_\_\_\_ Parcel/Lot No. 02207974

4. Tax Map No. \_\_\_\_\_ Block/Grid How A024 Parcel No. 02207974

5. Plan:

a. Attach copy of SDP if available. SDP # \_\_\_\_\_

b. Attach plan or sketch showing the water and sewer and appurtenances requested (if applicable) if no site development plan exists or if not required.

6. ZONING DISTRICT: \_\_\_\_\_

ANY STRUCTURE BEING RENOVATED, (IF THE OCCUPANT(S) CHANGED OR ANY INTERIOR ALTERATIONS OF ANY KIND) THE FOLLOWING INFORMATION IS MANDATORY:

1. Current, Existing or Previous tenant's name: Central Maryland Veterinary Group / Skyles Sports Medicine

2. Previous tenant's suite, bay or space number: \_\_\_\_\_

3. Current, Existing, or Previous Use (i.e. type of business): Veterinary

4. New occupant's name: \_\_\_\_\_.
5. New occupant's suite, bay or space number: \_\_\_\_\_.
6. New occupant's number of employees: \_\_\_\_\_.
7. New occupant's intended use (i.e. type of business): \_\_\_\_\_.
8. Type of work to be completed with this permit: addition of two interior

walls, minor plumbing alterations

Already existing, there in the evening. Now will occupy space 24 HRS a day.

**ADDITIONAL INFORMATION REQUIRED FOR COMMERCIAL AND INDUSTRIAL BUILDINGS:**

1. WAREHOUSE: \_\_\_\_\_ Total sq. ft.
2. INDUSTRIAL (Type): \_\_\_\_\_ Total sq. ft. \_\_\_\_\_.
3. COMMERCIAL: \_\_\_\_\_ Total sq. ft.

**FOR NEW CONSTRUCTION OR UPGRADES TO EXISTING SERVICE THE FOLLOWING MUST BE PROVIDED:**

- a. Sewer house connection size: \_\_\_\_\_ Contract Number \_\_\_\_\_.
- b. Water house connection size: \_\_\_\_\_ Contract Number \_\_\_\_\_.
- c. Domestic water meter size: \_\_\_\_\_.
- d. Unmetered fire protection size: \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
(Owner/Developer/Applicant)

PRINT NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

**FOR OFFICE USE ONLY APPROVAL / CHECK OFF:**

DED's Approval: [Signature] Date: 12/23/14

Zoning's Approval: [Signature] Date: 12/23/14

**FOR OFFICE USE ONLY**

Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Permit Number(s) \_\_\_\_\_

Unit Number: \_\_\_\_\_

Employees: \_\_\_\_\_ Number of sewer in-aids paid for existing structure: \_\_\_\_\_

$$\begin{array}{r} \text{x 25 G.P.D. x 365 =} \\ \hline 90,000 \end{array}$$

Number of water in-aids paid for existing structure: \_\_\_\_\_

$$\begin{array}{r} \text{G.P.D.: x 365 =} \\ \hline 90,000 \end{array}$$

Number of supplemental in-aids paid for existing structure: \_\_\_\_\_

Meter Readings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Middle Patuxent in-aids paid for existing structure: \_\_\_\_\_

Present consumption for the existing structure: \_\_\_\_\_

Number of in-aids charged for this permit:

Sewer \_\_\_\_\_

Water \_\_\_\_\_

Supplemental \_\_\_\_\_

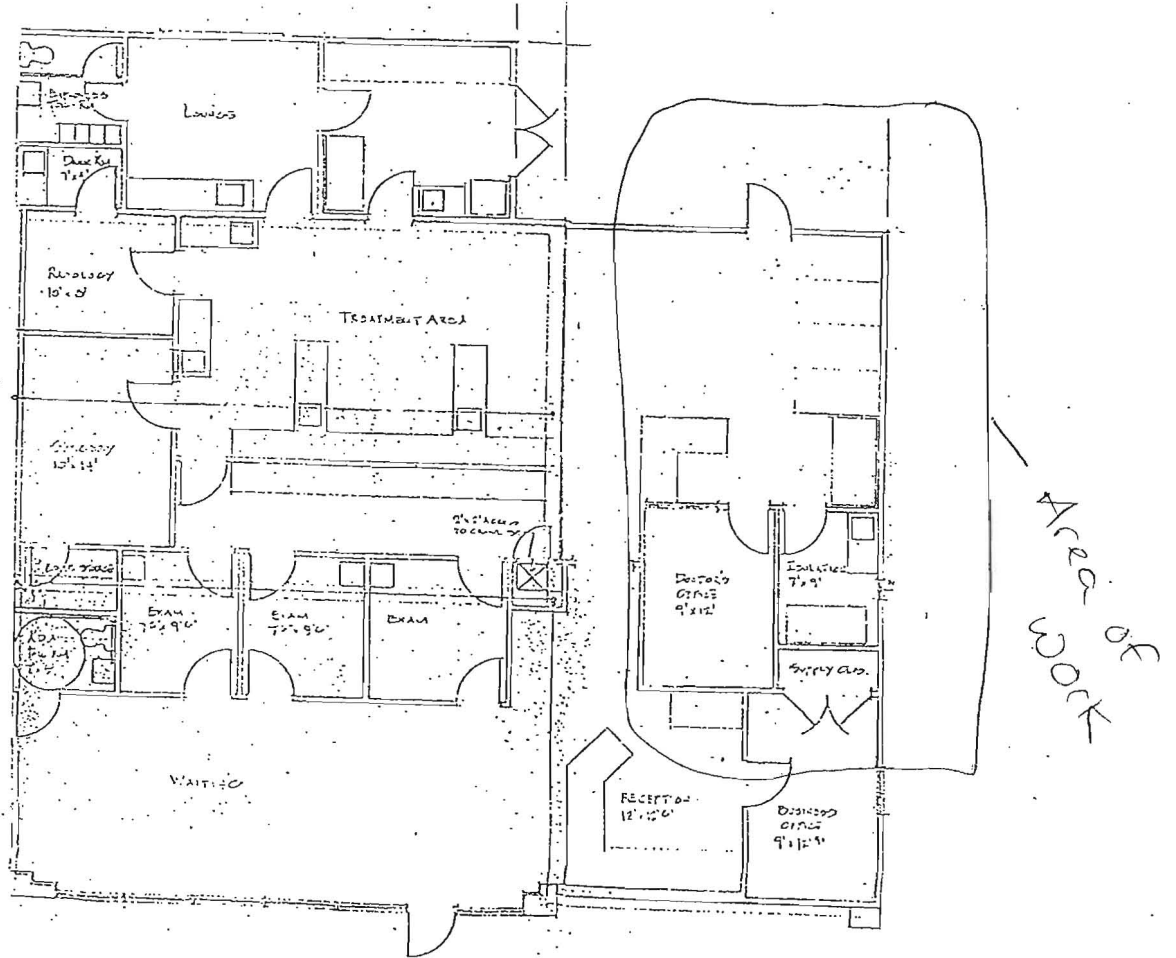
Middle Patuxent \_\_\_\_\_

Water Account: \_\_\_\_\_

$$\begin{array}{r} \text{Total: x 748 =} \\ \hline 90,000 \end{array}$$

PREMISES OUTLINE DRAWING, LANDLORDS WORK and ELECTRICAL PLAN

Existing Plan

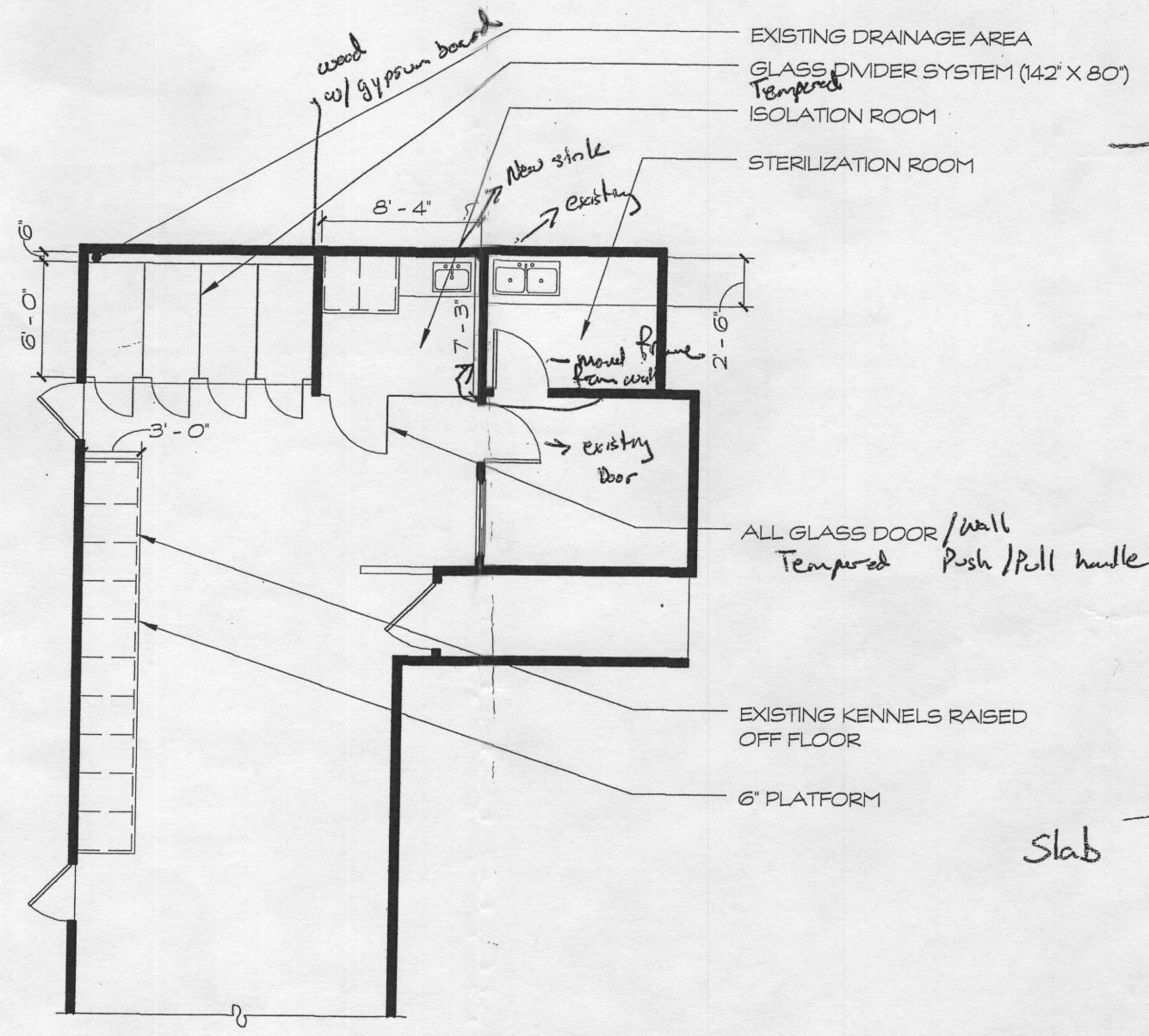


RECEIVED

DEC 24 2014

LICENSES & PERMITS  
DIVISION

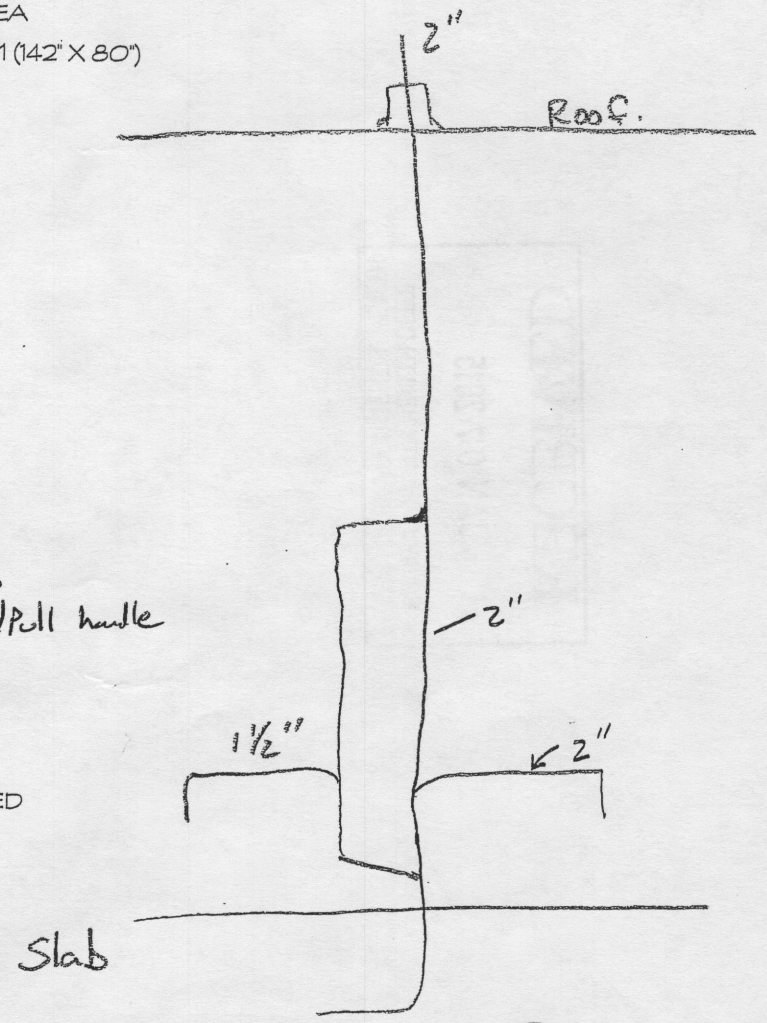
*Put*



EXISTING DRAINAGE AREA  
 GLASS DIVIDER SYSTEM (142" X 80")  
 Tempered  
 ISOLATION ROOM  
 STERILIZATION ROOM

ALL GLASS DOOR/wall  
 Tempered Push/Pull handle

EXISTING KENNELS RAISED  
 OFF FLOOR  
 6" PLATFORM



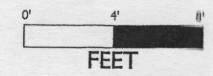
*John D. Loub*  
 MD # 68238

SCHEME B  
 ELLICOTT CITY VETERINARY HOSPITAL  
 12/10/14

**RECEIVED**

DEC 24 2014

LICENSES & PERMITS  
 DIVISION

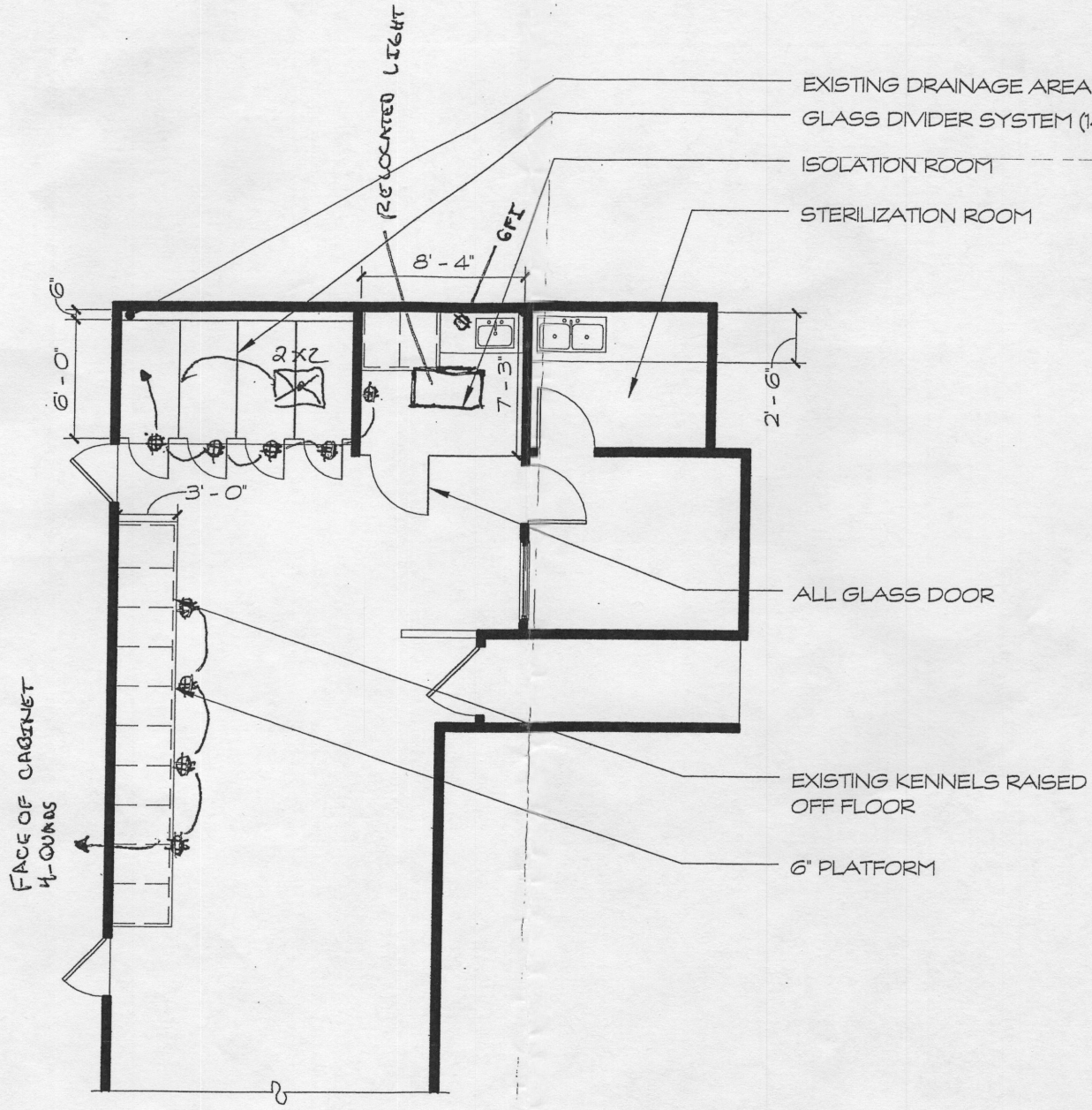


**msb**  
 ENGINEERS

*Ret*

2x2  
T-8 Light  
Tie into existing  
lights

Quad outlet  
20 amp



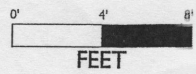
RECEIVED

SCHEME B  
ELLICOTT CITY VETERINARY HOSPITAL  
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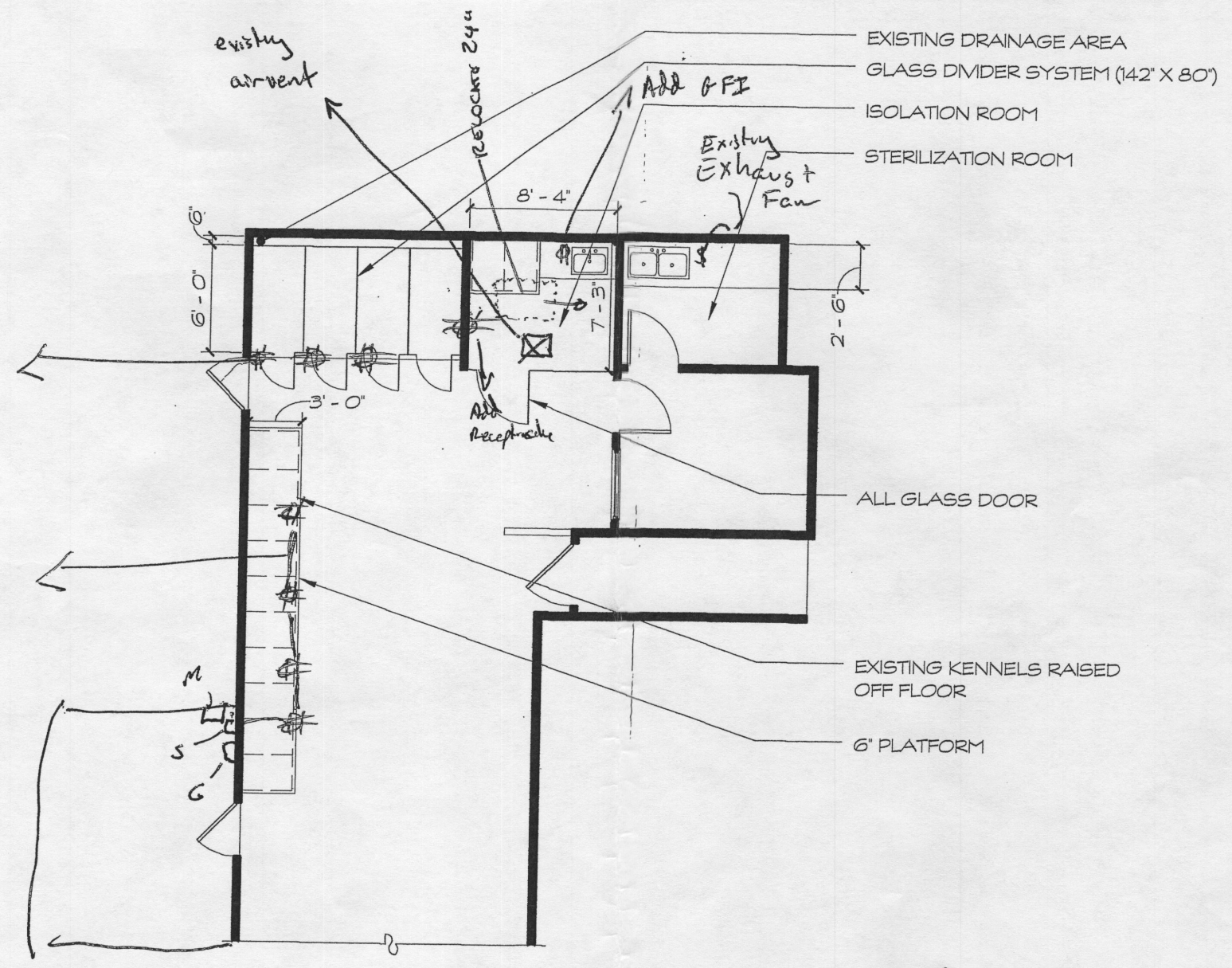
LICENSES & PERMITS  
DIVISION



msb

*Path*

Demo plan -



*Allen B. Heuser*  
301-401-8830

**RECEIVED**

DEC 24 2014

LICENSES & PERMITS  
DIVISION



**msb**

SCHEME B  
ELLCOTT CITY VETERINARY HOSPITAL  
12/10/14

PROJECT: 301-401-8830  
 CLIENT: BETH ANN  
 LOCATION: 10550 BIRCH  
 DATE: 12/10/14  
 DRAWN BY: [illegible]  
 CHECKED BY: [illegible]