



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: 2/24
Permit No.: B15000670

Building Address: 9256 Bendix Rd Suite 202
 City: Beltsville State: MD Zip Code: 20815
 Suite/Apt. #: 202 SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: DTL LLC
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Existing Use: Office
 Proposed Use: Dental Office
 Estimated Construction Cost: \$ 125,000
 Description of Work: Dr David Lee, DDS
INTERIOR COMPLETION
 Occupant or Tenant: SEE PERMIT # B06005783
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 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 st floor: | |
| Area of construction (sq. ft.): | 2 nd floor: | |
| Use group: | Basement: | |
| Construction type: | <input type="checkbox"/> Finished Basement | |
| <input checked="" type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Unfinished Basement | |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Craw Space | |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Slab on Grade | |
| <input type="checkbox"/> Wood Frame | No. of Bedrooms: | |
| <input type="checkbox"/> State Certified Modular | Multi-family Dwelling | |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | No. of efficiency units: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No. of 1 BR units: | |
| Roadside Tree Project Permit # | No. of 2 BR units: | |
| | No. of 3 BR units: | |
| | Other Structure: | |
| | Dimensions: | |
| | Footings: | |
| | Roof: | |
| | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities | |
|---|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input type="checkbox"/> Private | |
| Sewage Disposal | |
| <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 | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: | |
| Building Shell Permit Number: <u>B06005783</u> | |

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
2/24/11

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>3/15</u> | <u>R-RA</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>200.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>3454</u> |

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



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

March 9, 2015

Bridgeworks Dental Construction

ATTN: Paul Scheerer

7520 Main Street

Suite 101

Sykesville, MD. 21784

Sent via email to: pscheerer@bridgeworksdenal.com

**RE: B15000670
9256 Bendix Road, Suite 202
Columbia, MD. 21045**

Dear Mr. Scheerer,

This letter is in response to building permit B15000670. 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 410 313-1781 if you would like to discuss the project in more detail or if you have any questions or concerns.

Respectfully,

A handwritten signature in black ink, appearing to read 'R. Rappaport', with a long horizontal flourish extending to the right.

Ryan Rappaport, LEHS
Well & Septic Program



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: 2/24/15

Permit No.: B15000670

9256

Building Address: 926 Bendix Road Suite 202
 City: Columbia State: MD Zip Code: 21045
 Suite/Apt. # 202 SDP/WP/BA #:
 Census Tract: Subdivision: 1554
 Section: Area: Lot:
 Tax Map: 0030 Parcel: 0846 Grid: 0011
 Zoning: Map Coordinates: Lot Size:

Property Owner's Name: BSTK, LLC
 Address: 7749 WATER ST
 City: FULTON State: MD Zip Code: 20759
 Phone: 443-429-4155 Fax:
 Email:

Existing Use: VACANT CONDO SPACE
 Proposed Use: DENTAL OFFICE
 Estimated Construction Cost: \$ 145,000
 Description of Work: TENANT FITOUT OF DENTAL OFFICE WITH 6 DENTAL CHAIRS INTERIOR COMPLETION
 Occupant or Tenant: DR. DAVID LEE, DDS
 Was tenant space previously occupied? Yes No
 Contact Name: DR. DAVID LEE
 Address: 926 Bendix RD Suite 202
 City: Columbia State: MD Zip Code: 21045
 Phone: 240 463-6333 Fax:
 Email:

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: PAUL SCHEERER
 Address: 7520 MAIN ST Suite 101
 City: SYKEVILLE State: MD Zip Code: 21784
 Phone: 443-827-4155 Fax: 877-477-2256
 Email: PScheerer@Bridgeworks.com

Contractor Company: Bridgeworks Dental Construction LLC
 Contact Person: PAUL SCHEERER
 Address: 7520 MAIN ST
 City: SYKEVILLE State: MD Zip Code: 21784
 License No.: 06838718
 Phone: 443-827-4155 Fax: 877-477-2256
 Email: pscheerer@bridgeworksdental.com

Engineer/Architect Company: Lehmann & Assoc, PC
 Responsible Design Prof.: JOHN LEHMAN
 Address: 6888 Mill Hollow Rd
 City: Highland State: MD Zip Code: 20
 Phone: 301-854-1109 Fax:
 Email:

| Commercial Building Characteristics | Residential Building Characteristics |
|---|--|
| Height: <u>36'</u> | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: <u>3</u> | Depth Width |
| Gross area, sq. ft./floor: | 1 st floor: |
| Area of construction (sq. ft.): | 2 nd floor: |
| <u>2,444 sq. ft.</u> | Basement: |
| Use group: <u>11B</u> | <input type="checkbox"/> Finished Basement |
| | <input type="checkbox"/> Unfinished Basement |
| | <input type="checkbox"/> Crawl Space |
| <u>Construction type:</u> | <input type="checkbox"/> Slab on Grade |
| <input checked="" type="checkbox"/> Reinforced Concrete | No. of Bedrooms: |
| <input type="checkbox"/> Structural Steel | <u>Multi-family Dwelling</u> |
| <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: |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities | |
|---|--|
| <u>Water Supply</u> | |
| <input checked="" type="checkbox"/> Public | |
| <input type="checkbox"/> Private | |
| <u>Sewage Disposal</u> | |
| <input checked="" type="checkbox"/> Public | |
| <input type="checkbox"/> Private | |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <u>Heating System</u> | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| <u>Sprinkler System:</u> | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: | |
| Building Shell Permit Number: <u>B06005783</u> | |

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Applicant's Signature: Paul R. Scheerer
 Print Name: PAUL R. SCHEERER
 Email Address: PScheerer@BridgeworksDental.com
 Date: 2/27/15
 Title/Company: Owner

RECEIVED
FEB 24 2015
LICENSES & PERMITS DIVISION

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>3/15</u> | <u>R.R.J.</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>200.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>3454</u> |

925
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 9256 Bendix Rd suite 202

City Columbia State MD Zip Code 21045

2. Owner's Name DSTIC, LLC Phone #: 240-463-6333

Owner's Address 7749 WATER ST

City Fulton State MD Zip Code 20159

3. Subdivision Name 1554 Parcel/Lot No. _____

4. Tax Map No. 0030 Block/Grid 0011 Parcel No. 0346

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: N/A

2. Previous tenant's suite, bay or space number: N/A

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

4. New occupant's name: Dr. DAVID LEE, DDS
5. New occupant's suite, bay or space number: 202
6. New occupant's number of employees: 3
7. New occupant's intended use (i.e. type of business): DENTAL OFFICE
8. Type of work to be completed with this permit: TENANT FIT OUT.

ADDITIONAL INFORMATION REQUIRED FOR COMMERCIAL AND INDUSTRIAL BUILDINGS:

1. WAREHOUSE: _____ Total sq. ft.
2. INDUSTRIAL (Type): 11 B Total sq. ft. 2,444
3. COMMERCIAL: 2,444 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: DAN R. SCHREER

FIRM: BRIEGSWORKS DENTAL CONSTRUCTION, LLC

DATE: 2/24/15

PHONE NO. 443-29-4155

FOR OFFICE USE ONLY APPROVAL / CHECK OFF:

DED's Approval: _____ Date: 2-24-15

Zoning's Approval: _____ Date: 2-24-15

FOR OFFICE USE ONLY

Occupant: _____ Date: _____

Address: _____ Permit Number(s) _____

Unit Number: _____

Employees:
_____ x 25 G.P.D. x 365 = _____ =
90,000

G.P.D.: _____ x 365 = _____ =
90,000

Meter Readings:

Total: _____ x 748 = _____ =
90,000

Number of sewer in-aids paid for existing structure: _____

Number of water in-aids paid for existing structure: _____

Number of supplemental in-aids paid for existing structure: _____

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: _____