



Health

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: 6-12-15
Permit No.: B15002566

Building Address: 5755 CEDAR LANE
City: COLUMBIA State: MD Zip Code: 21044
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Property Owner's Name: HOWARD COUNTY GENERAL HOSPITAL
Address: 5755 CEDAR LANE
City: COLUMBIA State: MD Zip Code: 21044
Phone: 410.740.7890 Fax:
Email:

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

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

Engineer/Architect Company: AMMON HIESLER YACHTS
Responsible Design Prof.: HAROLD SACHS II, AIA
Address: ONE NORTH CHARLES STREET
City: BALT. State: MD. Zip Code: 21201
Phone: 410.752.3510 Fax: 410.752.8358
Email: HSACHS@AMARCH.COM

Existing Use: I-2 HEALTHCARE OCC.
Proposed Use: I-2 HEALTHCARE OCC.
Estimated Construction Cost: \$ 875,000.00
Description of Work: RENOVATION OF EXISTING LABOR & DELIVER UNIT TO ACCOMMODATE (2) NEW LED BIRTHING ROOMS.
Occupant or Tenant:
Was tenant space previously occupied? Yes No
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Table with 2 columns: Commercial Building Characteristics and Residential Building Characteristics. Includes fields for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, and various structural and foundation details.

Table with 2 columns: Utilities and other building details. Includes sections for Water Supply, Sewage Disposal, Heating System, Sprinkler System, and Grading/Shell Permits.

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]
Email Address: trichu34@jhmi.edu
Title/Company: SR. PM, JOHNS HOPKINS HEALTH SYSTEM

Print Name: TREMAINE RICHARDSON
Date: 6/12/15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

Table for Agency Approvals with columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Includes checkboxes for State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), and Health.

Table for DPZ Setback Information with fields for Front, Rear, Side, Side St., and various setback requirements.

Table for Fees with columns: Fee Name, Amount. Includes Filing Fee, Permit Fee, Tech Fee, Exclse Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub- Total Paid, Balance Due, and Check.

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

Will pay @ the time of permit issuance