



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: 6/9/15

Permit No.: B15002551

Building Address: 10000 Old Columbia Rd.
 City: Columbia State: MD Zip Code: 21046
 Suite/Apt. # H&J SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Taylor Family LTD
 Address: 4100 College Ave
 City: Gaithersburg State: MD Zip Code: 21043
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SHELL SPACE
 Proposed Use: Dental office
 Estimated Construction Cost: \$ 102,000
 Description of Work: Build-out INTERIOR
of an existing shell
* INT. COMP. *
 Occupant or Tenant: Dr. OWUSU

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: YBM Construction
 Address: 604 S. Frederick Ave #415
 City: Gaithersburg State: MD Zip Code: 20877
 Phone: (301)947-0471 Fax: (301)947-0474
 Email: ben@ybmconstruction.com

Contractor Company: YBM Construction
 Contact Person: Ben Bashiri
 Address: 604 S. Frederick Ave #415
 City: Gaithersburg State: MD Zip Code: 20877
 License No.: 15866218
 Phone: (301)947-0471 Fax: (301)947-0474
 Email: ben@ybmconstruction.com

Was tenant space previously occupied? Yes No
 Contact Name: Ben
 Address: 604 S. Frederick Ave #415
 City: Gaithersburg State: MD Zip Code: 20877
 Phone: 443-902-1316 Fax: 947-0474
 Email: ben@ybmconstruction.com

Engineer/Architect Company: YBM Construction
 Responsible Design Prof.: Diane Anderson
 Address: 604 S. Frederick Ave #415
 City: Gaithersburg State: MD Zip Code: 20877
 Phone: (301)947-0471 Fax: (301)947-0474
 Email: ben@ybmconstruction.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>24 FT +/-</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.): <u>2100</u>	2 nd floor:
Use group: <u>B</u>	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input checked="" 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
	No. of efficiency units:
	No. of 1 BR units:
	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
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<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 type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number: <u>B18002723</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: [Signature]
 Email Address: ben@ybmconstruction.com
 Title/Company: president

Print Name: Ben Bashiri
 Date: June 9th 2015

RECEIVED

JUN 09 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>6/15/15</u>	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side Set:
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	\$ 200.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Adm'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>21605</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

June 25, 2015

YBM CONSTRUCTION INC
604 SOUTH FREDERICK AVE. #415
GAITHERSBURG, MD 20877

Sent via email to: BEN@YBMCONSTRUCTION.COM

RE: B15002551
10000 OLD COLUMBIA RD, STE H
Columbia, MD 21046

To Whom It May Concern:

This letter is in response to building permit B15002551. 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

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
processed. Complete all applicable fields.

1. Address of property (project address):
Street Address 10000 Old Columbia Rd Suite H 2 J
City Columbia State MD Zip Code 21046
2. Owner's Name Taylor Family Ltd Phone #: _____
Owner's Address 4100 College Ave
City Ellicott City State MD Zip Code 210
3. Subdivision Name RIVERS OVERLOOK Parcel/Lot No. 322/F
4. Tax Map No. 42 Block/Grid B Parcel No. 32
5. Plan:
 - a. Attach copy of SDP if available. SDP # 13-032
 - b. Attach plan or sketch showing the water and sewer and appu requested (if applicable) if no site development plan exists required.
6. ZONING DISTRICT: NT

ANY STRUCTURE BEING RENOVATED, (IF THE OCCUPANT(S) CHANGED OR A
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): _____

4. New occupant's name: Dr. Owusu
5. New occupant's suite, bay or space number: H & J
6. New occupant's number of employees: _____
7. New occupant's intended use (i.e. type of business): Dental
8. Type of work to be completed with this permit: Interior Only
Existing Shell Space to turn in to Dental office

ADDITIONAL INFORMATION REQUIRED FOR COMMERCIAL AND INDUSTRIAL BUILDING

1. WAREHOUSE: _____ Total sq. ft. 2100
2. INDUSTRIAL (Type): _____ Total sq. ft. _____
3. COMMERCIAL: _____ Total sq. ft. 2100

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. _____

Darius
Darius AHMAD TORSHI
YBM Construction
June 9th 2015
301-947-0471

FOR OFFICE USE ONLY APPROVAL / CHECK OFF:

DED's Approval: Annelle Miller Saw Date: 6-9-15
Zoning's Approval: Annelle Miller Saw Date: 6-9-15

FOR OFFICE USE ONLY

Occupant: _____ Date: _____

Address: _____ Permit Number(s) _____

Unit Number: _____

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

$$\frac{x 25 \text{ G.P.D.} \times 365 =}{90,000} =$$

Number of water in-aids paid existing structure: _____

$$\text{G.P.D.: } \frac{x 365 =}{90,000} =$$

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

Meter Readings:

Number of Middle Patuxent in-a paid for existing structure: _____

Present consumption for the existing structure: _____

Number of in-aids charged for t permit: _____

Sewer _____

Water _____

$$\text{Total: } \frac{x 748 =}{90,000} =$$

Supplemental _____

Middle Patuxent _____

Water Account: _____

90 County

State of Maryland License

15866218

15727271

10502411



YBM CONSTRUCTION, INC.
604 SOUTH FREDERICK AVE, # 415
GAITHERSBURG MD 20877

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604 SOUTH FREDERICK AVE, # 415
GAITHERSBURG MD 20877

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CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
77	015	CONSTRUCTION FIRM	1	15.00

DATE OF ISSUE
MO DAY YR
03/25/2014

MONTHS PAID
12

ISSUING FEES	2.00		
TOTAL	17.00	AMOUNT PAID	17.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2015**

ISSUED BY
LORETTA E. KNIGHT CLERK OF CIRCUIT COURT
50 MARYLAND AVENUE, ROOM 111
ROCKVILLE, MARYLAND 20850 (240)777-9460

STZ