



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

Jan 10, 2017

RE: B16005422
6420 Dobbin Rd.
Columbia, MD 21045

To Whom It May Concern:

This letter is in response to building permit **B16005422**. 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 410 313-6357 if you would like to discuss the project in more detail.

Respectfully,
Robert Freemon

Well & Septic Program
Bureau of Environmental 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: _____

Permit No.: B16005422

Building Address: 6420 DOBBIN ROAD
 City: COLUMBIA State: MD Zip Code: 21045
 Suite/Apt. # B SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____
 Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 160,000
 Description of Work: _____
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 301-261-0111 Fax: _____
 Email: _____

Property Owner's Name: John & Linda L. ...
 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: _____
 Contractor Company: MANEKIN CONST
 Contact Person: PAUL KROBELAW
 Address: 18601 ROBERT FULTON DR
 City: COL State: MD Zip Code: 21046
 License No.: 13020683
 Phone: 410-290-1496 Fax: _____
 Email: _____
 Engineer/Architect Company: HOFMANN ASSOC. INC.
 Responsible Design Prof.: CRAIG HOFMANN
 Address: 606 BALTIMORE AVE
 City: TOWSON State: MD Zip Code: 21284-4095
 Phone: 410 828 9090 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>10' 0" 7' 0"</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth Width	
Gross area, sq. ft./floor: <u>2970</u>	1 st floor: _____	
Area of construction (sq. ft.): <u>5290</u>	2 nd floor: _____	
Use group: <u>B</u>	Basement: _____	
Construction type:	<input type="checkbox"/> Finished Basement	
Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
Structural Steel	<input type="checkbox"/> Crawl Space	
Masonry	<input type="checkbox"/> Slab on Grade	
Wood Frame	No. of Bedrooms: _____	
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: _____	
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 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: Scott Preto Print Name: SCOTT PRETO
 Email Address: SPRETO@MANEKINCONSTRUCTION.COM Date: 12-22-16
 Title/Company: CONST. SUPER.

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		
ZA (Zoning)		
ZA (Engineering)		
Health	<u>1/6/17</u>	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

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