



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.: B/6005152

Building Address: 5755 Cedar Lane (TCAS Surg)
 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: Johns Hopkins Howard County General Hospital
 Address: 5755 Cedar Lane
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-955-5375 Fax: _____
 Email: ltilghm2@jhmi.edu

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Robyn Dubick
 Address: 912 Commerce Road
 City: Annapolis State: MD Zip Code: 21401
 Phone: 410-841-2570 Fax: 410-841-2575
 Email: rdubick@crgoodmanassociates.com

Existing Use: Business
 Proposed Use: Business
 Estimated Construction Cost: \$ 300,000.00
 Description of Work: Minor interior renovations to include new equipment, anesthesia booms, new storage cabinets, and new seamless flooring
 Occupant/Tenant Name: Johns Hopkins Howard County General Hospital
 Was tenant space previously occupied? Yes No
 Contact Name: Latoya Tilghman
 Address: 1812 Ashland Ave, Suite 400
 City: Baltimore State: MD Zip Code: 21205
 Phone: 410-955-5375 Fax: _____
 Email: ltilghm2@jhmi.edu

Contractor Company: Not yet known
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: CR Goodman Associates
 Responsible Design Prof.: _____
 Address: 912 Commerce Road
 City: Annapolis State: MD Zip Code: 21401
 Phone: 410-841-2570 Fax: _____
 Email: rdubick@crgoodmanassociates.com

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>2 (above ground)</u>	Depth	Width
Gross area, sq. ft./floor: <u>15,498</u>	1 st floor: _____	_____
Area of construction (sq. ft.): <u>2,500</u>	2 nd floor: _____	_____
Use group: <u>Business</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 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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	_____
<input type="checkbox"/> Private	_____
Sewage Disposal	
<input type="checkbox"/> Public	_____
<input type="checkbox"/> Private	_____
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____
Grading Permit Number:	_____
Building Shell Permit Number:	_____

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.

Robyn I. Dubick
 Applicant's Signature
rdubick@crgoodmanassociates.com
 Email Address
Associate / CR Goodman Associates
 Title/Company

Robyn I. Dubick
 Print Name
11-28-16
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>12/20/16</u>	<u>[Signature]</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	# _____

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