



# 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:  
DILP 2016 NOV 2 PM 4:20

Permit No.: **B16004794**

5755

Building Address: 5755 CEDAR LN  
 City: COLUMBIA State: MD Zip Code: 21044  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: SPD-07-057  
 Census Tract: 605602 Subdivision: 0000  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
 Tax Map: 0035 Parcel: 0276 Grid: 0005  
 Zoning: DISTRICT 15 Map Coordinates: 39°13'05.9"N 76°53'16.4"W Lot Size: 19.5400AC

Existing Use: GENERAL HOSPITAL - EMERGENCY DEPARTMENT  
 Proposed Use: GENERAL HOSPITAL - EMERGENCY DEPARTMENT (NO CHANGE)  
 Estimated Construction Cost: \$ 814,000  
 Description of Work: RENOVATION OF EXISTING EMERGENCY DEPARTMENT

Occupant or Tenant: HOWARD COUNTY GENERAL HOSPITAL  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: RYAN BROWN  
 Address: 5755 CEDAR LN  
 City: COLUMBIA State: MD Zip Code: 21044  
 Phone: 410-740-7720 Fax: 410-740-7610  
 Email: RBROWN@JHMI.EDU

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>72FT ABOVE GRADE</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>5</u>	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor: <u>127,790SF FIRST FLOOR</u>	<u>1<sup>st</sup> floor:</u>	
Area of construction (sq. ft.): <u>4,417SF</u>	<u>2<sup>nd</sup> floor:</u>	
Use group: <u>IBC-INSTITUTIONAL (I-2)</u>	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input checked="" type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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:	
<b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: HOWARD COUNTY ACQUISITION CORP. C/O HOWARD COUNTY HOSPITAL  
 Address: 5755 CEDAR LN  
 City: COLUMBIA State: MD Zip Code: 21044  
 Phone: 410-740-7720 Fax: 410-740-7610  
 Email: RBROWN@JHMI.EDU

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: MIGUEL PASCALE  
 Address: 18310 MONTGOMERY VILLAGE AVE, SUITE 300  
 City: GAITHERSBURG State: MD Zip Code: 20879  
 Phone: 301-590-2900 Fax: 301-590-8150  
 Email: MP@WILMOT.COM

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

Engineer/Architect Company: WILMOT SANZ  
 Responsible Design Prof.: MIGUEL PASCALE **ROLANDO JUAN SANZ**  
 Address: 18310 MONTGOMERY VILLAGE AVE, SUITE 300  
 City: GAITHERSBURG State: MD Zip Code: 20879  
 Phone: 301-590-2900 Fax: 301-590-8150  
 Email: MP@WILMOT.COM

Utilities	
<b>Water Supply</b>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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.

Applicant's Signature: [Signature]  
 Email Address: MP@WILMOT.COM  
 Title/Company: VICE PRESIDENT / WILMOT / SANZ, INC.

Print Name: MIGUEL PASCALE  
 Date: 11/2/2016

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>11/16/16</u>	<u>H. OSWALD</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?  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	\$ <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>5644</u>

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Wednesday, November 16, 2016 9:51 AM  
**To:** 'RBROWN@JHMI.EDU'; 'MP@WILMONT.COM'  
**Subject:** B16004794\_5755 Cedar Lane  
**Attachments:** B16004794\_X Ray\_5755 Cedar lane\_Ho Co Hospital.pdf

Miguel Pascale:

Attached, please find the review letter for building permit # B16004794. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
410.313.2648 (Fax)



**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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November 16, 2016

Miguel Pascale  
18310 Montgomery Village Ave, Suite 300  
Gaithersburg, MD 20879

*Sent via email to: [RBROWN@JHMI.EDU](mailto:RBROWN@JHMI.EDU), [MP@WILMONT.COM](mailto:MP@WILMONT.COM)*

**RE: B16004794  
Howard County Hospital  
5755 Cedar Lane  
Columbia, MD 21044**

To Whom It May Concern:

This letter is in response to building permit **B16004794**. 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