



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.: B17004319

Building Address: 7227 Montpelier Road
 City: Jessup State: MD Zip Code: 20794
 Suite/Apt. #: 2nd fl SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: None
 Proposed Use: office
 Estimated Construction Cost: \$ 750,000
 Description of Work: Removal of out

Occupant/Tenant Name: REDMED, LLC
 Was tenant space previously occupied? Yes No
 Contact Name: Cody Millstein
 Address: 7227 Montpelier Road
 City: Jessup State: MD Zip Code: 20794
 Phone: _____ Fax: _____
 Email: cmillstein@veranobrands.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>3/2</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth Width
Gross area, sq. ft./floor: <u>40,000</u>	1 st floor: _____
Area of construction (sq. ft.): <u>80,000</u>	2 nd floor: _____
Use group: <u>B Business</u>	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input 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 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

Property Owner's Name: Mark Gaultin
 Address: 7340 Montpelier Road
 City: Jessup State: MD Zip Code: 20794
 Phone: 410-463-4548 Fax: _____
 Email: mark.gaultin@verano.com

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

Contractor Company: REDMED LLC
 Contact Person: Sonya J. Gaskin
 Address: 37174 Drive with Lane
 City: Accomack State: VA Zip Code: 20132
 License No.: 22105778
 Phone: 800-751-0000 Fax: _____
 Email: _____

Engineer/Architect Company: Franklin Hill
 Responsible Design Prof.: Paul Frank & Mark Gaultin
 Address: 426 W. Lane
 City: Accomack State: VA Zip Code: 20132
 Phone: 800-751-0000 Fax: _____
 Email: pp@franklinhill.com

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Sewage Disposal	
	<input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____	
Building Shelf 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: Cody Millstein Print Name: Cody Millstein
 Email Address: cmillstein@veranobrands.com Date: 12/6/17
 Title/Company: President

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front: _____	Permit Fee
Building Officials			Rear: _____	Tech Fee
PSZA (Zoning)			Side: _____	Excise Tax
PSZA (Engineering)			Side St.: _____	PSFS
Health	<u>12/27/17</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees
			Lot Coverage for New Town Zone: _____	Sub- Total Paid
			SDP/Red-line approval date: _____	Balance Due
				Check # <u>40170</u>