



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 JUL 27 AM 10:4

Date Received: _____

Permit No.: **B17002837**

Building Address: 10700 Charter Drive
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # 110 SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: PAR D
 Tax Map: 0035 Parcel: 0030 Grid: 0012
 Zoning: _____ Map Coordinates: _____ Lot Size: 4.25

Existing Use: Medical Business Office
 Proposed Use: Medical Business Office
 Estimated Construction Cost: \$ 200,000
 Description of Work: Expansion of medical office for new CT machine.

Occupant or Tenant: Charter Radiology
 Was tenant space previously occupied? Yes No
 Contact Name: Timpy Uppal
 Address: 10700 Charter Drive
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-972-1711 Fax: _____
 Email: drdaisy19@verizon.net

Property Owner's Name: Healthcare REIT c/o Welltower
 Address: 5450 Knoll North Drive, suite 370
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-740-0470 Fax: _____
 Email: esabat@welltower.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Kristin Moore
 Address: 5537 Twin Knolls Rd, suite 435
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-730-2300 Fax: 410-730-2796
 Email: kristinm@ariumae.com

Contractor Company: To Be Determined
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: Arium AE LLC
 Responsible Design Prof.: Stephanie Nunn
 Address: 5537 Twin Knolls Rd, suite 435
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-730-2300 Fax: 410-730-2796
 Email: stephanie@ariumae.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>35'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>3</u>	Depth <u> </u> Width <u> </u>
Gross area, sq. ft./floor:	1 st floor: _____
	2 nd floor: _____
Area of construction (sq. ft.):	Basement: _____
<u>2,525</u>	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
<u>business</u>	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input checked="" type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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: _____
<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	
<u>Water Supply</u>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input 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.

Kristin Moore
 Applicant's Signature
 kristinm@ariumae.com
 Email Address
 Arium AE LLC
 Title/Company

RECEIVED
 Kristin Moore
 Print Name
 7.25.17
 Date
 JUL 27 2017

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

***PLEASE WRITE NEATLY & LEGIBLY**
FOR OFFICE USE ONLY

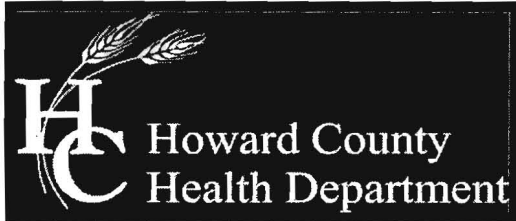
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	8/15/17	<u>[Signature]</u>

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	# <u>5166</u>

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

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

Aug 15, 2017

RE: **B17002837**
10700 Charter Drive
Columbia, MD 21044

To Whom It May Concern:

This letter is in response to building permit **B17002837**. 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

A handwritten signature in black ink, appearing to read 'Robert Freemon', is written over a horizontal line.

Well & Septic Program
Bureau of Environmental Health