



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.: B18000913

Building Address: 10700 Charter Drive
 City: Columbia State: MD Zip Code: 21044
 Suite/Apt. # 205 SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Town Center
 Section: _____ Area: _____ Lot: D
 Tax Map: 35 Parcel: 30 Grid: 12
 Zoning: NT Map Coordinates: _____ Lot Size: 4.25 acres

Property Owner's Name: Healthcare Property Managers of America, LLC db/a Welltower
 Address: 5450 Knoll North Drive, Suite 370
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-740-0470 Fax: 410-740-0471
 Email: esabst@welltower.com

Existing Use: Unoccupied
 Proposed Use: Medical Suite
 Estimated Construction Cost: \$ \$1,200,000
 Description of Work: Interior Fit-out

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Greg Chin
 Address: 18310 Montgomery Village Ave.
 City: Gaithersburg State: MD Zip Code: 20879
 Phone: 301-590-2900 Fax: 301-590-8150
 Email: gc@wilmot.com

Occupant/Tenant Name: Musculoskeletal Center
 Was tenant space previously occupied? Yes No
 Contact Name: Alex Hoar
 Address: 1432 K St, NW, #200
 City: Washington State: DC Zip Code: 20005
 Phone: 202-719-0456 Fax: _____
 Email: alex@kgopm.com

Contractor Company: Holland Construction
 Contact Person: Cory Miller
 Address: PO Box 516, 751 Frederick Street
 City: Hanover State: PA Zip Code: 17331
 License No.: 06126463
 Phone: 717-646-2707 Fax: 717-646-2757
 Email: cmiller@holland-corp.com

Engineer/Architect Company: Wilmot Sanz, Inc.
 Responsible Design Prof.: Matthew Camaller
 Address: 18310 Montgomery Village Ave.
 City: Gaithersburg State: MD Zip Code: 20879
 Phone: 301-590-2900 Fax: 301-590-8150
 Email: rmo@wilmot.com

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>3</u>	Depth Width	
Gross area, sq. ft./floor: <u>20,000 SF</u>	1 st floor: _____	_____
Area of construction (sq. ft.): <u>14,500 SF</u>	2 nd floor: _____	_____
Use group: <u>BUSINESS</u>	Basement: _____	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement	
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	Multi-family Dwelling	
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of efficiency units: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of 1 BR units: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of 2 BR units: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of 3 BR units: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	Other Structure: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	Dimensions: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	Footings: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	Roof: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
	<input checked="" type="checkbox"/> Public
	<input type="checkbox"/> Private
Sewage Disposal	
	<input checked="" type="checkbox"/> Public
	<input type="checkbox"/> Private
Heating System	
	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
	<input checked="" 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.

Greg Chin
 Applicant's Signature
 gc@wilmot.com
 Email Address
 Project Architect / Wilmot Sanz, Inc.
 Title/Company

Greg Chin
 Print Name
03/23/2018
 Date

RECEIVED
 MAR 23 2018
 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	<u>4/4/18</u>	<u>H. Oswald</u>

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>5678</u>

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

AK4



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

April 4, 2018

Healthcare Property Managers of America, LLC
5450 Knoll North Drive, Suite 370
Columbia, MD 21045

Sent via email to: esabat@welltower.com; gc@wilmot.com

RE: Building Permit # B18000913
10700 Charter Drive
Columbia, MD 21044

To Whom It May Concern

This letter is in response to building permit **B18000913**. 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 may 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

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, April 04, 2018 11:14 AM
To: 'esabat@welltower.com'; 'gc@wilmot.com'
Subject: B180000913_10700 Charter Drive
Attachments: X ray Equipment Notification_2018.pdf

To Whom It May Concern:

Attached, please find a letter pertaining to the review of building permit # B18000913.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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