



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.: B18001288

Building Address: 10829 Birmingham Way
 City: Woodstock State: MD Zip Code: 21163
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Veterinary Clinic
 Proposed Use: Veterinary Clinic
 Estimated Construction Cost: \$200,000

Description of Work:
Interior tenant fit out

Occupant/Tenant Name: Skylos Sports Medicine
 Was tenant space previously occupied? Yes No
 Contact Name: Peter Lotsikas
 Address: 434 Prospect Boulevard
 City: Frederick State: MD Zip Code: 21701
 Phone: 410.465.2428 Fax: _____
 Email: paulkemp@tkobuilders.com

Property Owner's Name: Waverly Woods Business Trust
 Address: 8300 Guilford Road, Suite C
 City: Columbia State: MD Zip Code: 21046
 Phone: 410.740.5057 Fax: 410.740.2610
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Peter Lotsikas
 Address: 434 Prospect Boulevard
 City: Frederick State: MD Zip Code: 21701
 Phone: 410.465.2428 Fax: _____
 Email: paulkemp@tkobuilders.com

Contractor Company: TKO Construction LLC
 Contact Person: Paul Kemp
 Address: 28400 Ridge Road
 City: Mt Airy State: MD Zip Code: 21771
 License No.: MHIC #130263
 Phone: 240.668.4440 Fax: 240.668.9389
 Email: paulkemp@tkobuilders.com

Engineer/Architect Company: CMW Group, Inc.
 Responsible Design Prof.: Richard Washburn
 Address: 313 East Church Street
 City: Frederick State: MD Zip Code: 21701
 Phone: 301.631.2995 Fax: 301.631.2924
 Email: rwashburn@cmwgroup.com

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth _____ Width _____	
Gross area, sq. ft./floor: <u>4,200</u>	1 st floor: _____	
Area of construction (sq. ft.): <u>4,200</u>	2 nd floor: _____	
Use group: <u>B</u>	Basement: _____	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type: _____	<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 checked="" 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: _____	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<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 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: _____	

RECEIVED
 APR 20 2018
 LICENSES & PERMITS
 DIVISION

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 THERE TO; (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: Paul Kemp First Name: Paul Kemp
 Email Address: paulkemp@tkobuilders.com Date: 4/20/18
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

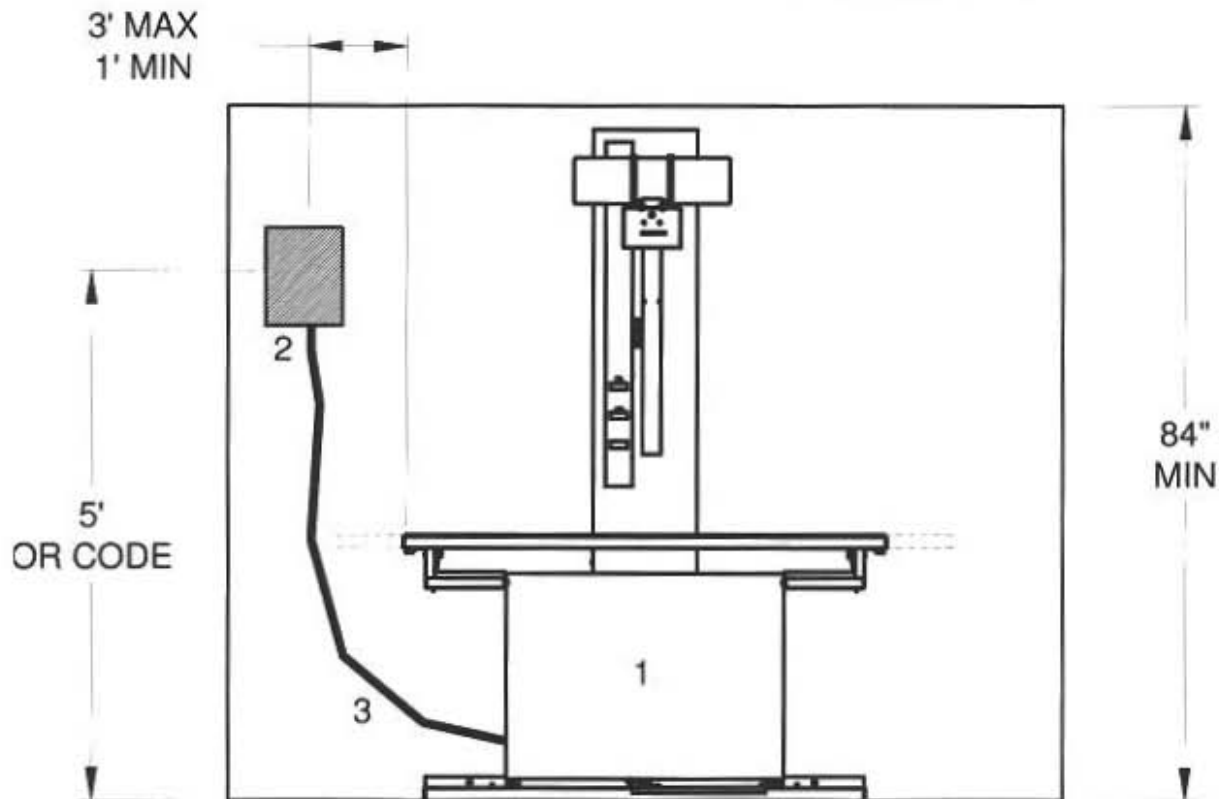
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/14/18</u>	<u>H. Oswald</u>

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<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>13791</u>

SOUND X-RAY SYSTEM PRE-INSTALLATION GUIDE



ELECTRICAL REQUIREMENTS:

X-ray Generator:

- a) Requires **1 Phase**, three wire service (hot, hot, ground or hot, neutral, ground). Neutral not required. **COPPER wire only**.
- b) Requires a surface mounted Safety Disconnect Switch as follows:
 - 1) adequate capacity (see requirements below) to serve as a disconnecting means for the Generator Power Module, and clearly marked.
 - 2) appropriate fuses or circuit breaker.
 - 3) requires a true earth grounding wire going back to the main panel.
 - 4) mounted as shown in above diagram.
 - 5) 1" cable clamp at bottom with empty #6 ground lug.
 - 6) permanent electrical service is on.

If available Line Voltage is:	Required minimum rating * of over-current protection & Safety Disconnect Switch
1 phase, 230 - 240 VAC	100 Amps
1 phase, 220 - 229 VAC	115 Amps
1 phase, 208 - 219 VAC	125 Amps

* Minimum rating for full 30kW x-ray output. If the available Amps are less than required, the x-ray generator may work, however the x-ray output will be less than the full 30kW output.

SOUND X-RAY SYSTEM PRE-INSTALLATION GUIDE

- c) Recommended COPPER wire size from building's main incoming electrical panel to Safety Disconnect Switch in x-ray room:
 - # 2 AWG minimum for 0' – 50'
 - # 00 (2/0) AWG minimum for 51' – 100'
 - 250 MCM for 101' – 200'
- d) Flexible Electrical Cable (about 1" diameter) with three # 6 wires, 8' long, is provided with the system for connection thru bottom of Safety Disconnect Switch by Installer.
- e) Note: If local regulations require a different wire size or type, it is the customer's responsibility to provide the required items.

MOUNTING REQUIREMENTS:

X-ray Table: Requires finished floor. Table to be fastened to floor by Installer. Fasteners provided by others.

X-ray Room: Provided by others:

1. Radiation protection is installed per local requirement. May require shielding report from licensed radiation physicist.
2. Final paint is on the walls and ceiling.
3. If ceiling is suspended tile, it is installed.
4. Door to x-ray room is installed.
5. Floor covering is installed and able to be walked on.
6. Light fixtures and electrical outlets are installed and working.
7. All cabinets, molding and fixtures are installed.
8. There is unobstructed access to the room. Building climate controls are operational.

Important Note: If the installation engineer arrives and determines that the site is not ready, the customer will be responsible for the additional cost to send the installation engineer again once the site is ready.

OTHER INFORMATION:

If a Clinic takes twelve (12) x-ray exposures per (8-hour) day (average clinic) and system is in idle approximately 8 hours per day:

- Heat Output: 609 BTU per hour
- Electrical Energy Consumption in idle and with x-ray exposures: 150 Watts per day.
(Equivalent to a 150 Watt light bulb on for 8 hours)
- Electrical Energy Consumption in idle and without x-ray exposures: 120 Watts/day.

May 4, 2018

Skylos Sports Medicine
434 Prospect Boulevard
Frederick, MD 21701

Sent via email to: PAULKEMP@TKOBUILDERS.COM

RE: Building Permit # **B18001288**
10829 Birmingham Way
Woodstock, MD 21163

Peter Lotsikas:

This letter is in response to building permit **B18001288**. 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: Friday, May 04, 2018 9:50 AM
To: 'PAULKEMP@TKOBUILDERS.COM'
Subject: B18001288_10829 Birmingham Way_Skylos Sports Medicine
Attachments: X ray Equipment Notification_2018.pdf

Hello Mr. Lotsikas:

Attached, please find a memo pertaining to building permit # B18001288 for 10829 Birmingham Way, Woodstock MD. 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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