



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: 10/29/18

Permit No.: B18003747

Building Address: 8860 COLUMBIA 100 PKWY
 City: COLUMBIA State: MD Zip Code: 21045
 Suite/Apt. # 308 309 SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: 0030 Parcel: 0406

Existing Use: VACANT
 Proposed Use: ORAL SURGERY
 Estimated Construction Cost: \$ 95,000
 Description of Work: DEMO AND NEW CONSTRUCTION OF PARTIAL HVAC, PLUMBING, ELECTRICAL SYSTEMS; NON-BEARING PARTITIONING; INTERIOR FLOORING AND FINISHES; CEILING TILE & GRID

Occupant/Tenant Name: EUCOTT CITY ORAL & FACIAL SURGERY
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: DR. ANTOINE JOHNSON
 Address: 8860 COLUMBIA 100 PKWY, STE 308-309
 City: COLUMBIA State: MD Zip Code: 21045
 Phone: 202-607-3798 Fax: _____
 Email: ANTOINE@JOHNSON@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: KEVIN WISE
 Address: 7520 MAIN ST, STE 101
 City: SPRINGFIELD State: MD Zip Code: 21784
 Phone: 443-388-1702 Fax: _____
 Email: KWIS@BRIDGEWORKSCORP.COM

Contractor Company: BRIDGEWORKS CONSTRUCTION, LLC
 Contact Person: KEVIN WISE
 Address: 7520 MAIN ST, STE 101
 City: COLUMBIA State: MD Zip Code: 21784
 License No.: 06326793
 Phone: 443-388-1702 Fax: _____
 Email: KWIS@BRIDGEWORKSCORP.COM

Engineer/Architect Company: LEHMAN ASSOCIATES PC
 Responsible Design Prof.: JOHN LEHMAN
 Address: 6898 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301-854-1109 Fax: _____
 Email: JLEHMAN@LAPC.VS

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>5</u>	Depth Width	
Gross area, sq. ft./floor: <u>51795</u>	1 st floor: _____	_____
Area of construction (sq. ft.): <u>1523</u>	2 nd floor: _____	_____
Use group: <u>11B</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 type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	
Electric:	<input checked="" 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 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 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: KWIS@BRIDGEWORKSCORP.COM
 Title/Company: SALES/BRIDGEWORKS CONSTRUCTION

Print Name: KEVIN L WISE
 Date: 10/29/18

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>11/9/18</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>2000</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>1247</u>

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

Oswald, Hank

From: Oswald, Hank
Sent: Friday, November 09, 2018 8:13 AM
To: 'ANTOINEGJOHNSON@GMAIL.COM'
Cc: KWISE@BRIDGEWORKSCORP.COM
Subject: B18003747_8860 Columbia 100 PKWY
Attachments: X ray Equipment Notification_11.2018.pdf

Dear Dr. Johnson:

Good morning. Attached, please find a building permit memo regarding x-ray equipment. Building permit # B18003747 has been approved by the Health Department.

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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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

November 9, 2018

Dr. Antoine Johnson
8860 Columbia 100 PKWY
Columbia, MD 21045

Sent via email to: ANTOINEGJOHNSON@GMAIL.COM

RE: Building Permit # B18003747
8860 Columbia 100 PKWY
Columbia, MD 21045

Dear Dr. Johnson:

This letter is in response to building permit **B18003747**. The building permit application and plans indicate that the proposed work may include x-ray related equipment that will need to be reviewed and 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