



# 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: 5.8.19

Permit No.: 1110001

Building Address: 7135 MINSTREL WAY  
 City: COLUMBIA State: MD Zip Code: 21045  
 Suite/Apt. #: 101 SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: A27 Tax Map: 0042 Parcel: 0410

Existing Use: VACANT  
 Proposed Use: DENTAL OFFICE  
 Estimated Construction Cost: \$ 165,000.00

Description of Work: INTERIOR NON BEARING PARTITIONING, INTERIOR FLOORING & FINISHES, CEILING TILE & G.O.P AND INSTALLATION OF DENTAL SPECIFIC EQUIPMENT

Occupant/Tenant Name: LAKE SIDE SMILES OF COLUMBIA  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: SUNG KIM  
 Address: 7135 MINSTREL WAY, STE 101  
 City: COLUMBIA State: MD Zip Code: 21045  
 Phone: 703.943.8360 Fax: \_\_\_\_\_  
 Email: KATH AND SUNG @ G.MAIL.COM

Property Owner's Name: OWEN BROWN JOINT VENTURE  
 Address: 1312 BELLUM AVE STE 301  
 City: LUTHERVILLE State: MD Zip Code: 21093  
 Phone: 410.625.0000 Fax: \_\_\_\_\_  
 Email: TROCKNER@OWENPDGER.NET

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: KEVIN WISE  
 Address: 7520 MAIN ST STE 101  
 City: SYKEVILLE State: MD Zip Code: 21784  
 Phone: 443.308.1702 Fax: \_\_\_\_\_  
 Email: KWISE@BRIDGEWORKSCORP.COM

Contractor Company: BRIDGEWORKS CONSTRUCTION  
 Contact Person: KEVIN WISE  
 Address: 7520 MAIN ST STE 101  
 City: SYKEVILLE State: MD Zip Code: 21784  
 License No.: CB427657  
 Phone: 443.308.1702 Fax: \_\_\_\_\_  
 Email: KWISE@BRIDGEWORKSCORP.COM

Engineer/Architect Company: LEHMAN ASSOCIATES, PC  
 Responsible Design Prof.: JOHN LEHMAN  
 Address: 6888 HINK HOLLOW RD  
 City: HIGHLAND State: MD Zip Code: 21777  
 Phone: 301.051.1109 Fax: \_\_\_\_\_  
 Email: LEHMAN@LAPC.US

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>31'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>3</u>	Depth Width
Gross area, sq. ft./floor: <u>52,000</u>	1 <sup>st</sup> floor:
Area of construction (sq. ft.): <u>2680</u>	2 <sup>nd</sup> floor:
Use group: <u>B</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 type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:
<input type="checkbox"/> Yes <input checked="" 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

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 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.

Kevin L Wise  
 Applicant's Signature  
KWISE@BRIDGEWORKSCORP.COM  
 Email Address  
SALES  
 Title/Company

KEVIN L WISE  
 Print Name  
5.8.19  
 Date

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>5/20/19</u>	<u>H. Oswald</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>76511</u>



**LAKESIDESMILES**  
of Columbia

KATHY DIPASQUALE KIM, DDS  
DENTIST

(443) 832-3305

7135 Minstrel Way, Suite 101  
Columbia, MD 21045

[www.lakesidesmilescolumbia.com](http://www.lakesidesmilescolumbia.com)

To: Howard County Department of Licenses, Inspections and Permits  
George Howard Building  
3430 Court House Drive  
Ellicott City, MD 21043

Re: Tenant Fit Out Building Permit Application  
Lakeside Smiles of Columbia  
7135 Minstrel Way  
Suite 101  
Columbia, MD 21045

Date: May 4, 2019

To whom it may concern,

This occupancy will not be used to provide services or treatment simultaneously to four or more patients that provides, or an outpatient basis, one or more of the following: (1) treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without assistance of others; (2) anesthesia that renders patients incapable of taking action for self-preservation under emergency conditions without the assistance of others in accordance with NFPA 101 Ambulatory Health Care Occupancy.

Respectfully submitted,

Kathy Kim, DDS  
Managing Director



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

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

May 20, 2019

Lakeside Smiles at Columbia  
7135 Minstrel Way, Suite 101  
Columbia, MD 21045

Sent via email to: kathyandsung@gmail.com

RE: Building Permit # B19001474  
7135 Minstrel Way, Suite 101  
Columbia, MD 21045

Dear Mr. Kim:

This letter is in response to building permit **B19001474**. The building permit application and plans indicate that the proposed work includes 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.  
Bureau of Environmental Health  
Well & Septic Program

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Monday, May 20, 2019 12:50 PM  
**To:** kathyandsung@gmail.com  
**Subject:** B19001474\_7135 Minstrel Way  
**Attachments:** X-ray Equipment Notification\_2019.pdf

Dear Mr. Sung:

Attached, please find a letter regarding the x-ray equipment listed on plans under building permit # B19001474. 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](mailto:hoswald@howardcountymd.gov)

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