



EC/OK
AKH 6/27/19

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: 2019.06.24

Permit No.: 8902141

Building Address: 2850 NORTH RIDGE RD
City: ELLICOTT CITY State: MD Zip Code: 21403
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: 0000
Lot: PAR E Tax Map: 0017 Parcel: 0666

Existing Use: BUSINESS GROUP B - AMBULATORY CARE FACILITIES
Proposed Use: BUSINESS GROUP B - AMBULATORY CARE FACILITIES
Estimated Construction Cost: \$ 2,300,000.00

Description of Work:
INTERIOR ALTERATIONS TO APPROX. 12,120 SF, OF THE GROUND FLOOR (1ST) ELLIOTT CITY AMBULATORY SURGERY CENTER BUILDING. TO RENOVATE TWO (2) OF THE EXISTING OPERATING ROOMS AND TO EXPAND THE REMAINING TWO (2) OPERATING ROOMS, AS WELL AS RENOVATING AND REORGANIZING PREPARATION, RECOVERY, OUTPATIENT BAYS, RECEPTION, WAITING AND ALL OTHER SUPPORTING ROOMS.

Occupant/Tenant Name: LIFE BRIDGE HEALTH - HOWARD COUNTY CURGICAL CENTER
Was tenant space previously occupied? Yes No
Contact Name: REBECCA BIRES
Address: 40 WIGHT AVENUE
City: HUNT VALLEY State: MD Zip Code: 21030
Phone: 724-691-5057 Fax: 410-472-2200
Email: RBires@jmt.com

Property Owner's Name: PR FPR NORTH RIDGE LLC
Address: 9812 FALLS ROAD C/O FPR MEDICAL PROPERTIES LLC
City: POTOMAC CITY State: MD Zip Code: 21403-0000
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: CRGA DESIGN - ADAM BLOX
Address: 912 COMMERCE ROAD
City: ANNAPOLIS State: MD Zip Code: 21401
Phone: 410-841-2570 Fax: 410-841-2575
Email: ABROTT@CRGADESIGN.COM

Contractor Company: DPR CONSTRUCTION
Contact Person: MICHAEL HUDAK
Address: 6716 ALEXANDER BELL DRIVE, SUITE 110
City: COLUMBIA State: MD Zip Code: 21046
License No.: T.B.D. AB
Phone: 410-409-1582 Fax: _____
Email: michael.hudak@dpr.com

Engineer/Architect Company: KIBART CONSULTING ENGINEERS
Responsible Design Prof.: ABBAS LOHRASBI
Address: 901 DULANEY VALLEY ROAD, SUITE 301
City: TOWSON State: MD Zip Code: 21204
Phone: 410-494-1111 Fax: _____
Email: al@kibart.com

Commercial Building Characteristics	Residential Building Characteristics
Height: +/- 33' - 0"	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 3	Depth Width
Gross area, sq. ft./floor: +/- 14,400	1 st floor: 2 nd floor:
Area of construction (sq. ft.): 12,120 SF.	Basement:
Use group: BUSINESS GROUP B	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade.
Construction type:	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:
Roadside Tree Project Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: Roof: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Roadside Tree Project Permit #	

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.

Applicant's Signature: [Signature]
Email Address: ABROTT@CRGADESIGN.COM
Title/Company: DESIGNER

Print Name: ADAM BLOX
Date: 06-27-2019

RECEIVED

JUN 27 2019

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	7/11/19	H. Oswald

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	\$ 200
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 13249



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

July 11, 2019

Life Bridge Health
40 Wight Ave
Hunt Valley, MD 21030
Attn: Rebecca Bires

Sent via email to: RBires@jmt.com;

RE: Building Permit # B19002141
Life Bridge Health
Howard County Surgical Center
2850 North Ridge Road
Ellicott City, MD 21043

Dear Ms. Bires:

This letter is in response to building permit **B19002141**. 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.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, July 11, 2019 1:06 PM
To: 'RBires@jmt.com'
Subject: B19002141_2850 North Ridge Road
Attachments: X Ray_Equipment Notification_2019.pdf

Hello Ms. Bires:

Good afternoon. Attached, please find our x-ray equipment notification letter. Your building permit # B19002141 for 2850 North Ridge Road has been approved by the Health Department. 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

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.