



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: 8/27/19

Permit No.: 69002643

Building Address: 5755 Cedar Lane
City: Columbia State: MD Zip Code: 21044
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: Howard County General Hospital
Tax Map: _____ Parcel: _____

Existing Use: Hosp. Bldg
Proposed Use: Hospital
Estimated Construction Cost: \$ 250,000
Description of Work: Installation of Domestic Water Booster Pump

Occupant/Tenant Name: Howard County General Hospital
Was tenant space previously occupied? Yes No
Contact Name: Stephen Szewczyk
Address: 5755 Cedar Lane
City: Columbia State: MD Zip Code: 21044
Phone: 443-315-9311 Fax: 410-732-8389
Email: sszewcz1@jhmi.edu

Property Owner's Name: Howard County General Hospital
Address: 5755 Cedar Lane
City: Columbia State: MD Zip Code: 21044
Phone: 443-315-9311 Fax: 410-732-8389
Email: sszewcz1@jhmi.edu

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Bodum Mechanical
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: Allen Shariff
Responsible Design Prof.: Hamza Tlemsani
Address: 7061 Deepage Drive
City: Columbia State: MD Zip Code: 21045
Phone: 410-386-7100 Fax: _____
Email: HamzaT@AllenShariff.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>4</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1st floor: _____
Area of construction (sq. ft.): _____	2nd floor: _____
Use group: <u>200</u>	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" 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	<u>Multi-family Dwelling</u>
<input checked="" 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 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 checked="" 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 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: Stephen Szewczyk
Email Address: sszewcz1@jhmi.edu
Title/Company: Project Manager

Print Name: Stephen Szewczyk
Date: 8/27/19

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>9/9/19</u>	<u>[Signature]</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	\$ <u>200</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#