



Health

### 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: 9/5/19

Permit No.: B19003006

Building Address: 5755 Cedar Lane  
 City: Columbia State: MD Zip Code: 21044  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: I-2 Existing Healthcare  
 Proposed Use: Same, no change.  
 Estimated Construction Cost: \$ \$975,000  
 Description of Work: Interior refresh of public corridors, waiting areas, and pantries. Work includes paint, flooring, lighting and accent pendants, and new nurse station of the second floor Maternal Child Unit.

Occupant/Tenant Name: Howard County General Hospital  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Stephen Szewczyk  
 Address: 11065 Little Patuxent Parkway, LPSCC Suite 150  
 City: Columbia State: MD Zip Code: 21044  
 Phone: (410) 740-7846 Fax: \_\_\_\_\_  
 Email: sszewcz1@jhmi.edu

Property Owner's Name: Howard County General Hospital  
 Address: 11065 Little Patuxent Parkway, LPSCC Suite 150  
 City: Columbia State: MD Zip Code: 21044  
 Phone: (410) 740-7846 Fax: (410) 740-7745  
 Email: sszewcz1@jhmi.edu

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Heather Flannery  
 Address: 700 East Pratt Street, Suite 1200  
 City: Baltimore State: MD Zip Code: 21202  
 Phone: 410-837-7311 Fax: 410-837-6530  
 Email: hflannery@hcm2.com

Contractor Company: To Be Determined  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No. : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Hord Coplan Macht, Inc.  
 Responsible Design Prof.: Scott Robison  
 Address: 700 East Pratt Street, Suite 1200  
 City: Baltimore State: MD Zip Code: 21202  
 Phone: 410-837-7311 Fax: 410-837-6530  
 Email: srobison@hcm2.com

Commercial Building Characteristics	Residential Building Characteristics
Height: Existing - No Change	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 4	Depth Width
Gross area, sq. ft./floor: 737,198	1 <sup>st</sup> floor:
184,300/Floor - Avg.	2 <sup>nd</sup> floor:
Area of construction (sq. ft.): 13,655	Basement:
	<input type="checkbox"/> Finished Basement
Use group: I-2	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input checked="" type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Water Supply</b>
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
<b>Sewage Disposal</b>
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
<b>Heating System</b>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<b>Sprinkler System:</b>
<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.

Heather Flannery  
 Applicant's Signature  
 hflannery@hcm2.com  
 Email Address  
 Principal, Hord Coplan Macht, Inc.  
 Title/Company

Heather Flannery  
 Print Name  
September 04, 2019  
 Date

**RECEIVED**  
**SEP 05 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
<input checked="" type="checkbox"/> 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>10/7/19</u>	<u>[Signature]</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>240738</u>

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