



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: 04/15/13

Permit No.: B13001408

Building Address: 9501 OLD ANNAPOLIS RD
 City: ELLICOTT CITY State: MD Zip Code: 21042
 Suite/Apt. # 200 SDP/WP/BA #:
 Census Tract: Subdivision:
 Section: Area: Lot:
 Tax Map: Parcel: Grid:
 Zoning: Map Coordinates: Lot Size:

Existing Use: BUSINESS
 Proposed Use: BUSINESS
 Estimated Construction Cost: \$ 48,000
 Description of Work: REPLACE EXISTING X-RAY EQUIPMENT WITH NEW. MODIFY EXISTING ELECTRICAL & MECHANICAL TO ACCOMMODATE EQUIP REPLACEMENT
 Occupant or Tenant: MEDSTAR
 Was tenant space previously occupied? Yes No
 Contact Name: MEDSTAR /NRH (MEG MEDOFF)
 Address: 9501 OLD ANNAPOLIS RD
 City: ELLICOTT CITY State: MD Zip Code: 21042
 Phone: 443.777.2180 Fax:
 Email:

Property Owner's Name: HOP MOR COLUMBIA MD, LP
 Address: 9501 OLD ANNAPOLIS RD
 City: ELLICOTT CITY State: MD Zip Code: 21042
 Phone: Fax:
 Email:

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: DARRON MOSER (PROSYS)
 Address: 4940 CAMPBELL BLVD, SUITE 150
 City: BALTIMORE State: MD Zip Code: 21236
 Phone: 443.310.7765 Fax:
 Email:

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

Engineer/Architect Company: ERNEST DESIGNS
 Responsible Design Prof.: WARREN MEJO
 Address: 107 MOUNT CARMEL RD, SUITE 201
 City: PARKTON State: MD Zip Code: 21120
 Phone: 410.241.2624 Fax:
 Email: WMEJOJR@ERNESTDESIGNS.COM

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>36'</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>14,904</u>	1 st floor:
Area of construction (sq. ft.): <u>270</u>	2 nd floor:
Use group: <u>BUSINESS</u>	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Craw 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
	No. of efficiency units:
	No. of 1 BR units:
	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
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input 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: Darron Moser
 Print Name: DARRON MOSER
 Email Address: dmoser@prosysusa.com
 Date: 4/15/13
 Title/Company: PROJECT MANAGER / PROSYS

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		

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>1028</u>

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