



UPALM

# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

DILP 2019 NOV 19

Date Received: \_\_\_\_\_

Permit No.: **B19003960**

Building Address: **8850 Columbia 100 Pkwy**  
City: **Columbia** State: **MD** Zip Code: **21045**  
Suite/Apt. #: **310** SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Property Owner's Name: **WPM Real Estate MGMT**  
Address: **11433 Clonridge Dr**  
City: **Crofton Mills** State: **MD** Zip Code: **21117**  
Phone: **443-796-7401** Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: **Dental office**  
Estimated Construction Cost: \$ **82600**

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: **YBM Construction**  
Address: **604 S. Frederick Ave #415**  
City: **Gaithersburg** State: **MD** Zip Code: **20877**  
Phone: **301-947-0471** Fax: \_\_\_\_\_  
Email: **ben@ybmconstruction.com**

Description of Work: **Renovate interior only of an existing office to turn into a dental office. space was previously occupied.**

Contractor Company: **YBM Construction**  
Contact Person: **Ben Bashiri**  
Address: **604 S. Frederick Ave #415**  
City: **Gaithersburg** State: **MD** Zip Code: **20877**  
License No.: **43236**  
Phone: **301-947-0471** Fax: **301-947-0474**  
Email: **ben@ybmconstruction.com**

Occupant/Tenant Name: **Tjeoma Tagbo**  
Was tenant space previously occupied?  Yes  No  
Contact Name: **Tjeoma Tagbo**  
Address: **8850 Columbia 100 Pkwy**  
City: **Columbia** State: **MD** Zip Code: **21045**  
Phone: **410-725-8316** Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: **Jayanan & Buncy**  
Responsible Design Prof.: \_\_\_\_\_  
Address: **604 S. Frederick Ave #415**  
City: **Gaithersburg** State: **MD** Zip Code: **20877**  
Phone: **301-947-0471** Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: <b>50</b>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <b>3</b>	Depth <b>_____</b> Width <b>_____</b>
Gross area, sq. ft./floor: <b>(1250 SF)</b>	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: <b>D</b>	Basement: _____
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____
	<b>Multi-family Dwelling</b>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 type="checkbox"/> Yes <input checked="" 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: **ben@ybmconstruction.com**  
Title/Company: **President**

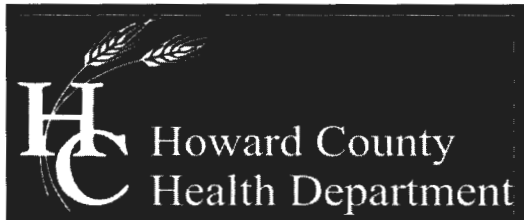
Print Name: **BEN BASHIRI**  
Date: **11/15/19**

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	<b>12/2/19</b>	<i>[Signature]</i>

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	\$ <b>200.00</b>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check #	<b>6306</b>



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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December 2, 2019

**RE: B19003960**  
**8850 Columbia 100 PKWY**  
**Columbia, MD 21045**

To Whom It May Concern:

This letter is in response to building permit **B19003960**. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department. I may be reached at 410-313-6357 if you would like to discuss the project in more detail.

Respectfully,  
Robert Freemon

A handwritten signature in cursive script, appearing to read 'Robert Freemon', is written in black ink.

Well & Septic Program  
Bureau of Environmental Health