



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: 1/16/2020

Permit No.: 670000188

Building Address: 6555 BELMONT WOODS RD
City: ELKRIDGE State: MD Zip Code: 210775
Suite/Apt. # _____ 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: \$ 350,000
Description of Work: INSTALL GEOTHERMAL SYSTEM TO REPLACE COOLING TOWER RE-CONNECT TO EX. SYSTEM

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: HOWARD CO. GOVT
Address: 6555 BELMONT WOODS RD
City: ELKRIDGE State: MD Zip Code: 210775
Phone: 410-313-0200 Fax: _____
Email: CALLEND@HOWARDCOUNTYMD.GOV

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: MICHAEL KAMINETZ
Address: 9200 BERGER RD
City: COLUMBIA State: MD Zip Code: 21046
Phone: 410-313-5781 Fax: _____
Email: MKAMINETZ@HOWARDCOUNTYMD.GOV

Contractor Company: NORTHPOINT BUILDERS
Contact Person: GARY DAVIS
Address: 4210 NORTHPOINT BLVD
City: DUNDALK State: MD Zip Code: 21222
License No.: 03420437
Phone: 443-608-7437 Fax: _____
Email: GDAVIS@NBBINC.COM

Engineer/Architect Company: KIBART, INC
Responsible Design Prof.: ABBAS LOHRASBI
Address: 901 DULANEY VALLEY RD #301
City: TOWSON State: MD Zip Code: 21204
Phone: 410-494-1111 Fax: 410-494-1112
Email: AL@KIBART.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 type="checkbox"/> Yes <input checked="" 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: MICHAEL KAMINETZ @ HOWARD COUNTY MD GOV
Email Address: HOWARD CO. DPW
Title/Company: _____

Print Name: MICHAEL KAMINETZ
Date: 1-16-2020

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>1/27/2020</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

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

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Commercial/Alteration/NA	B20000188	01/16/2020
Description of Work		
BELMONT MANOR / INSTALL GEOTHERMAL SYSTEM		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
6555	BELMONT WOODS	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.74512	39.22597
City	State	Zip Code	Primary
ELKRIDGE	MD	21075	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
881522	2	68.19	5400600	6041100	640500	ELKRID

Legal Description

IMPS68.1924 A.[6555 BELMONT WOODS RD][BELMONT CENTER

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		601101	1	6			
Plan Area	State Tax Id	Subdivision Name					
	1401180495						
Section	Area	Tax Map					
		32					
Grid	Zoning District	ADC Map					
32-13	R-ED	4937-A4					
SDP No.	Final Plan No.	WP File No.					
	F-16-010S1						
Record Plat No.	WS Contract No.	FDP No.	Primary				
			No				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	1985	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	1-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

HOWARD COUNTY MD

Address Line 1

3430 COURT HOUSE DR

Address Line 2

Address Line 3

Mail City

ELLICOTT CITY

Mail State

MD

Mail Zip Code

21043

Phone

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
03420437	NORTHPOINT BUILDERS		
License Type *	First Name	Middle Name	Last Name
Contractor	GARY		DAVIS
Primary	Address Line 1		
Yes	4210 NORTHPOINT BLVD		
	Address Line 2		
	City	State	ZIP Code
	DUNDALK	MD	21222
	Phone 1	Phone 2	Fax
	4436087433		
	E-mail		
	GDAVIS@NPBINC.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHAEL		KAMINETZ
Relationship	Full Name		
Applicant	MICHAEL KAMINETZ		
Primary	Organization Name		
No			
	Street Address		
	9200 BERGER ROAD		
	Address Line 2		
	City	State	Zip Code
	COLUMBIA	MD	21046
	Phone	Cell	Fax
	44103135781		
	E-mail *		
	MKAMINETZ@HOWARDCOUNTYMD.GOV		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	ABBAS		LOHRASBI
Relationship	Full Name		
Licensed Professiona	ABBAS LOHRASBI		
Primary	Organization Name		
Yes	KIBART INC		
	Street Address		
	901 DULANEY VALLEY ROAD #301		
	Address Line 2		
	City	State	Zip Code
	TOWSON	MD	21204
	Phone	Cell	Fax
	4104941111		
	E-mail		
	AL@KIBART.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
350000	0	0	No
Construction Type			
318 - Amusement, Social and Recreational			

COMMERCIAL PERMIT INFORMATION

BUILDING INFORMATION

Expedited Review *	Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Foundation Only	Pool *
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Condominium	Change In Use	Roadside Tree Permit	Roadside Tree Project Permit #	Existing Use	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		EVENT CENTER	
Use Group *		Tenant	Interior Completion	Assembly	Minor Alteration *
					Grading Permit

Other-See Description of Work Number of Solar Panels HOWARD COUNTY RECREA Yes No Yes No Yes No

Revision Fees? Yes No Height FT No of Stories Gross Area - Sq Foot Per Floor SQFT Area of Construction - SQ FT 9600 SQFT Downtown Tax Square Footage SQFT

Excise Tax at \$0.60 SQ FT SQFT Excise Tax at \$1.17SQ FT SQFT Construction Type --Select-- Yes No State Certified Module Yes No Expiration Date 7/25/2020

U&O Issued On U & O Comments

[check spelling](#)

UTILITY INFORMATION

Water Supply Private Sewage Disposal Private Utilities Electric Heating System Propane Gas Geothermal Yes No Sprinkler System None

GREEN BUILDING INFORMATION

Goal Level --Select-- Actual Level --Select-- Leed Registration Number Date of Leed Certification

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel