

RECEIVED

JUL 20 2020

PERMIT NUMBER: B 20002366

DATE ACCEPTED:

LICENSES & PERMITS

COMMERCIAL BUILDING PERMIT APPLICATION			
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov			
BUILDING SITE ADDRESS REQUIRED			
Street Address: 7200 Dorsey Run Rd.			Unit:
City: Elkridge		State: MD	Zip Code: 21075
Subdivision/Village/Complex Name: Amazon Fulfillment (SMD1)			SDP/WP/BA #:
Lot:	Tax Map:	Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use:		Proposed Use: S-1	Estimated Cost: \$52,558.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None			
Interior storage rack installation in an existing commercial building.			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): DCT Mears LLC			
Owner's Street Address: 6711 Columbia Gateway Dr. Ste 130			
City: Columbia		State: MD	Zip Code: 22104
Phone: (410) 872-4570		Email: dschline@prologis.com	
TENANT INFORMATION REQUIRED			
Business Name: Amazon Fulfillment		Contact Name:	
Street Address: 7200 Dorsey Run Rd.			
City: Elkridge		State: MD	Zip Code: 21075
Phone:		Email:	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: Seizmic		Contact Name: Klaya Ballhorn	
Street Address: 1130 E. Cypress St.			
City: Covina		State: CA	Zip Code: 91724
Phone: (626) 324-0049		Email: kballhorn@seizmicinc.com	
CONTRACTOR INFORMATION REQUIRED			
Business Name: TBD			
Licensee's Name:		License #:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: Seizmic		Name: Sal Fateen (Engineer)	
Street Address: 1130 E. Cypress St.			
City: Covina		State: CA	Zip Code: 91724
Phone: (909) 869-0989		Email:	
BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Sanitary: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Rearside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes:#	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Area of Construction: 3,180 sq ft		Gross Area: 126,000 sq ft	
Construction Classification(s): II-B		Height: 33 ft	
Use Group: S-1		# of Stories:	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	
ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE			
# of efficiency units (MF):		# of 1 BR (MF):	
# of 2 BR (MF):		# of 3 BR (MF):	
Energy Method: <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI <input type="checkbox"/> A 90.1		Gross Area: sq ft	
Occupiable Area: sq ft			
AGREEMENT/ DISCALIMER REQUIRED			
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 ORIGINAL SIGNATURE: <i>Klaya Ballhorn</i>		DATE SIGNED: 7/14/20	
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 8/18/20
<input type="checkbox"/> SHA	<input type="checkbox"/> CID		
SUBMITTAL FEES: 200.00		PAYMENT: CRO 76865	
ACCEPTED BY: <i>[Signature]</i>			

RECEIVED

PERMIT NUMBER: B 3000 2036

DATE ACCEPTED:

JUN 24 2020

COMMERCIAL BUILDING PERMIT APPLICATION LICENSES & PERMITS DIVISION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 7300 Dorsey Run Road Unit:
 City: Elkridge State: MD Zip Code: 21075
 Subdivision/Village/Complex Name: SDP/WP/BA #:
 Lot: PABA Tax Map: 43 Parcel: 11051070 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: New facility Proposed Use: Warehouse Estimated Cost: \$
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
 Install conveyor system

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): DCT Mears LLC
 Owner's Street Address: 518 17th Street
 City: Denver State: CO Zip Code: 80202
 Phone: Email:

TENANT INFORMATION REQUIRED

Business Name: Hmanon Contact Name:
 Street Address: 7300 Dorsey Run Road
 City: Elkridge State: MD Zip Code: 21075
 Phone: Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Maynard Electrical Installation Contact Name: Ken Maynard
 Street Address: 193 Maynard Park
 City: Delbarton State: WV Zip Code: 25670
 Phone: 937-205-0191 Email: ken.j.maynard@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Maynard Electrical Installation
 Licensee's Name: Ken Maynard License #: ES 10670
 Street Address: 193 Maynard Park
 City: Delbarton State: WV Zip Code: 25670
 Phone: 937-205-0191 Email: ken.j.maynard@gmail.com

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: Name:
 Street Address:
 City: State: Zip Code:
 Phone: Email:

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes:#
 Sprinkler System: NFPA 13 NFPA 13R None Fire Alarm System: Yes No Voice Evac

ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Area of Construction: sq ft Gross Area: sq ft Height: ft # of Stories:
 Construction Classification(s): Use Group:
 Was the tenant space previously occupied? Yes No Shell Building Permit # (for interior completions):

ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE

of efficiency units (MF): # of 1 BR (MF): # of 2 BR (MF): # of 3 BR (MF):
 Energy Method: Performance UA Alternative ERI A 90.1 Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: [Signature] DATE SIGNED: June 24, 2020

FOR OFFICE USE ONLY CHECKS PAYABLE TO DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health 8/17/20 SHA CID
 SUBMITTAL FEES: \$700 PAYMENT: NONE SUBMITTED BY: PROPP