

PERMIT NUMBER: B 2000 3328

DATE ACCEPTED:



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: 9821 Broken Land Parkway		Unit: Suite 103
City: Columbia	State: MD	Zip Code: 21045
Subdivision/Village/Complex Name: VII Owen Brown		SDP/WP/BA #:
Lot: A4	Tax Map: 0047	Parcel: 0397
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Office	Proposed Use: Office	Estimated Cost: \$ 150,000.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Interior alteration for new tenant - medical office - foot and ankle		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): ABS Borrower Lakewood LLC c/o Property Mgmt Associates		
Owner's Street Address: 707 Ambassador Road, Ste. 100		
City: Baltimore	State: MD	Zip Code: 21244
Phone: 410.725.9000	Email:	

TENANT INFORMATION REQUIRED

Business Name: Foot and Ankle Town Center	Contact Name: Dr. Ben Shamil
Street Address: 20 Crossroads Dr, #15	
City: Owings Mills	State: MD
Phone: 410.313.4343	Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Hofmann Associates, Inc.	Contact Name: Kelly Summer
Street Address: 606 Baltimore Ave, Ste 102	
City: Towson	State: MD
Phone: 410.878.9676	Email: kelly@hofmannarchitect.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Performance Construction	License #: 03943951
Licensee's Name: Scott Murphy	
Street Address: 11620 Crossroads Circle, Ste. A	
City: Middle River	State: MD
Phone: 410.348.7254	Email:

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: Hofmann Associates	Name: Craig Hofmann
Street Address: 606 Baltimore Ave, Ste 102	
City: Towson	State: MD
Phone: 410.878.9676	Email: craighofmannarchitect.com

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Area of Construction: 1,767 sq ft	Gross Area: 1,767 sq ft	Height: ft	# of Stories:
Construction Classification(s): IPB	Use Group: B		
Was the tenant space previously occupied? <input checked="" 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: Kelly Summer DATE SIGNED: 9/24/20

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: 7000 PAYMENT: 28545 ACCEPTED BY: [Signature]

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10.6.20
To: Permits
(Person's Name and Division)
From: Kelly Simmers-Hofmann (410) 828-9090
(Your Name, Company Name and Telephone Number)
Subject: Project name Foot + Ankle
Project site address 9821 Brokenland Parkway
Permit # B200053205 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of Additional set for Health (be specific).
 - Health Department Request DPZ/ DED Request Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Contact Person Information: (Required)

Kelly Simmers
Please Print Name

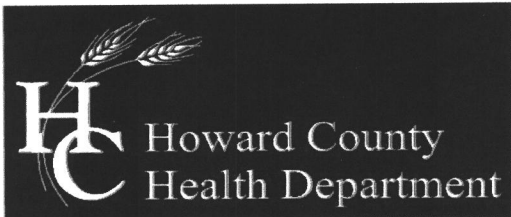
Telephone No: 410-828-9090

E-Mail Address: kelly@hciaarchitects.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by Drop Box

Revision #1



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

October 21, 2020

RE: B20003328
9821 Broken Land Parkway
Columbia, MD 21045

To Whom It May Concern:

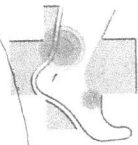
This letter is in response to building permit **B20003328**. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. 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



FOOT & ANKLE
PAIN CENTER

October 13, 2020

Subject: Letter of intent

To whom it may concern:

Foot and Ankle Pain Center, LLC is a single-speciality podiatry office located at 9821 Broken Land Parkway, Suite 103, Columbia, Maryland 21046. I, Dr. Benjamin Elgamil, DPM, have been a licensed podiatrist in the state of Maryland (license #01605) since 2016. I am the owner of the practice and will perform medical and surgical services under the scope of podiatry at that location.

If you have any specific questions, please feel free to contact me at (410) 575-3668.

Best,

Dr. Benjamin Elgamil, DPM
Owner, Foot and Ankle Pain Center, LLC