

B21002332

2332

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

SITE ADDRESS REQUIRED

Address: 12165 Clarksville Pike	Unit: 306
Clarksville	State: MD
Division/Village/Complex Name: River Hill Square	SDP/WP/BA #:
Lot:	Tax Map: 0035
Parcel: 0001	Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: NA	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Restaurant Interior Buildout		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): River Hill Square LLC
Owner's Street Address: 8480 Baltimore Natl. Pike Ste. 415
City: Ellicott City
State: MD
Zip Code: 21041
Phone: 410 465 4244
Email: Kim & Robyn Properties .com

TENANT INFORMATION REQUIRED

Business Name: Mainwand Kabob	Contact Name: Thariq Rafiq
Street Address: 13100 Brighton Dam Rd	
City: Clarksville	State: MD
Zip Code: 21029	
Phone: 443-832-7030	Email: Bimma508@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: C.E.I.	Contact Name: William H Mitchell
Street Address: 8611 Kayshed Lane	
City: Columbia	State: MD
Zip Code: 21045	
Phone: 443-506-2043	Email: whm137@yahoo.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Mainwand Kabob	License #:
Licensee's Name: Thariq Rafiq	
Street Address: 13100 Brighton Dam Rd	
City: Clarksville	State: MD
Zip Code: 21029	
Phone: 443 832-7030	Email: Bimma508@gmail.com

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: Frank D. Mileto AIA.	Name: Frank D. Mileto
Street Address: 14 BEAVER BROOK DRIVE	
City: Long Valley	State: NJ
Zip Code: 07853	
Phone: 908-876-9400	Email: Fmileto@comcast.net

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

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

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

Area of Construction: 1752 sq ft	Gross Area: Same sq ft	Height: 12 ft	# of Stories: 1
Construction Classification(s): General Construction	Use Group:	Shell Building Permit # (for interior completions): B17004172	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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: [Signature]	DATE SIGNED: 6-21-21
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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 type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:	9/28/21			