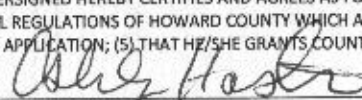



PERMIT NUMBER: B 21002261

DATE ACCEPTED: 6/15/2021

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: 6410 Dobbin Rd			Unit: Suite C
City: Columbia		State: MD	Zip Code: 21045
Subdivision/Village/Complex Name: DOBBIN RD COMMERCE CENTER			SDP/WP/BA #:
Lot: U 6	Tax Map: 0036	Parcel: 0372	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: B		Proposed Use: B	Estimated Cost: \$ 250,000
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			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): CBC DOBBIN LLC, C/O MACKENZIE			
Owner's Street Address: 2328 W JOPPA RD SUITE 200			
City: LUTHERVILLE		State: MD	Zip Code: 21093
Phone:		Email:	
TENANT INFORMATION REQUIRED			
Business Name: LIVING WELLNESS CHIROPRACTOR OF COLU.		Contact Name: DR. HARRY DERR	
Street Address: 6410 DOBBIN RD			
City: COLUMBIA		State: MD	Zip Code: 21045
Phone: (433) 319-5770		Email: harryd79@hotmail.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: ARRIS, A DESIGN STUDIO		Contact Name: ASHLEY HASTINGS	
Street Address: 111 WATER STREET, SUITE 300			
City: BALTIMORE		State: MD	Zip Code: 21202
Phone: (410) 752-5006		Email: AHASTINGS@ARRISDESIGN.COM	
CONTRACTOR INFORMATION REQUIRED			
Business Name: COMMERCIAL INTERIOR CONSTRUCTION			
Licensee's Name: KRIS DAVIS		License #:	
Street Address: 12500 Jerusalem Rd			
City: KINGSVILLE		State: MD	Zip Code: 21087
Phone:		Email: kdavis@comintcon.com	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: DDG ENGINEERING		Name: RICH DOUGHERTY	
Street Address: 110 EAST STATE STREET			
City: KENNETT SQUARE		State: PA	Zip Code: 19348
Phone: (610) 444-1150		Email:	
BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Utilities: <input checked="" type="checkbox"/> Electric <input 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)		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:#	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> None	
Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac			
ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Area of Construction: 5,245 sq ft	Gross Area: 18,650 sq ft	Height: 15' ft	# of Stories: 1
Construction Classification(s): B		Use Group: B	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input checked="" 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 		DATE SIGNED 6.11.2021	
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input 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:	

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

Date: 6/28/2021

To: FRONT COUNTER - INCOMPLETE
(Person's Name and Division)

From: ASHLEY HASTINGS, AREIS (410) 591-5086
(Your Name, Company Name and Telephone Number)

Subject: Project name LIVING WELLNESS CHIROPRACTIC OF COLUMBIA
Project site address 6410 DOBBIN RD, SUITE C
Permit # B21002261 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 CONSTRUCTION DENGs. (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)

ASHLEY HASTINGS
Please Print Name

Telephone No: 410-591-5086

E-Mail Address: AHASTINGS@AREISDESIGN.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 _____

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

DIVISION
LICENSES & PERMITS
JUN 28 2021
RECEIVED



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230
(410) 537-3000 • 1-800-633-6101 • www.mde.maryland.gov

MDE RX 21

RADIOLOGICAL HEALTH PROGRAM

APPLICATION FOR PLAN REVIEW

Regulation COMAR 26.12.01.01 B.4(a) requires that:

“At least 30 days prior to the installation or relocation of a radiation machine intended for use for diagnostic or therapeutic purposes, any person owning or operating a radiation machine facility shall submit to the Department the floor plan and equipment arrangement of all new installations, or modifications of existing installations.”

In order to meet this regulation this form must be filled out.

A. GENERAL INFORMATION:

PRESENT MAILING ADDRESS

Living Wellness Chiropractic of Columbia

Name

6420 Dobbin Road, Suite A

Address

Columbia, Maryland 21045

City, State Zip Code

570-594-7999

Telephone Number

PLAN PREPARED BY

Stan Wadsworth

December 27, 2020

Name

Prepared Date

604 Meadowridge Road

Address

Towson, Maryland 21204

City, State Zip Code

410-604-1263

Telephone Number

PROPOSED/EXISTING FACILITY ADDRESS

Living Wellness Chiropractic of Columbia

Name

6410 Dobbin Road, Suite C & D

Address

Columbia, Maryland 21045

City, State Zip Code

Howard

County

FOR EXISTING FACILITY, GIVE FACILITY REGISTRATION NUMBER:

2 5 — 0 5 7 5

Max. Rated Tube Potential 120 kVp

Max. Rated Continuous mA 5



B. INSTALLATION PLAN

A drawing must be attached that includes the following information:

- | | |
|-----------------------------|---|
| 1. Tube Location | 6. Scale of drawing (inches/foot) |
| 2. Cassette Location(s) | 7. Patient Viewing Device Location |
| 3. Primary Beam Directions | 8. Use (Occupancy) of Space Behind Walls, Ceilings, and Floor |
| 4. Control Location | 9. Room Identification |
| 5. Exposure Switch Location | |

C. SHIELDING DATA TABLE for ROOM IDENTIFICATION: X-ray

Shielding	Chest Board	Control Booth	Doors	A	B	C	D	E	Floor	Ceiling
Lead, mm		0.79					0.79	0.79		
Concrete, inches										
Gyp. wallboard, inches				1.25	1.25	1.25				
Concrete block, inches										
Cinder block, inches										
Brick, inches										
Wood, inches										
Glass, inches										
Steel, inches			0.05							
Other ()inches										

Unless provided with different information,* the Agency will assume the following workloads (mA-min/wk) for calculation:

1000 mA-min/wk for medical (GP) units
 2000 mA-min/wk for fluoroscopic units
 2000 mA-min/wk for special procedures

60 mA-min/wk for chiropractic units

20 mA-min/wk for podiatry units

_____ mA-min/wk *must be provided for therapy/other units

Check type of unit:

Radiographic: wall X table: _____ Chiropractic: _____ Podiatry _____

Fluoroscopic: _____ Special Procedures: _____ Computed Tomography: _____

I certify that the facility will be constructed in accordance with the design specifications shown on this form.

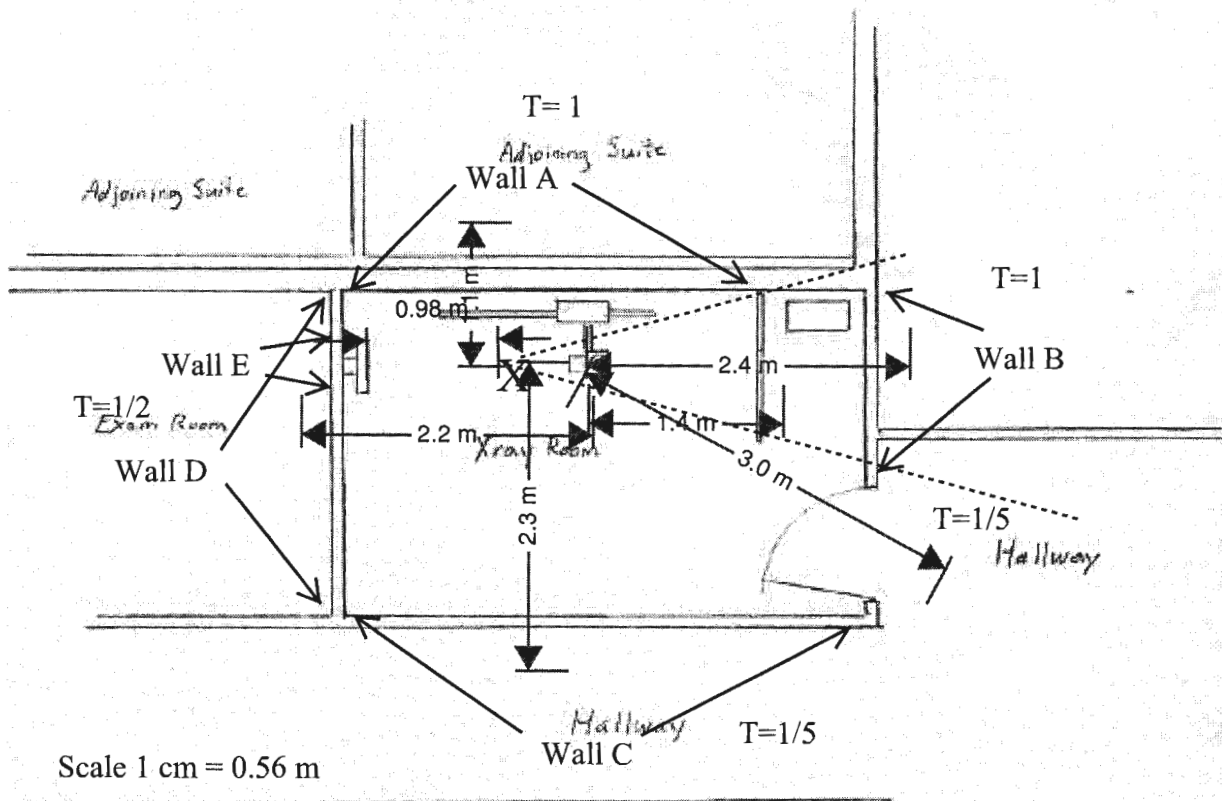
 Signature of facility representative

 Name of facility representative (print)

 Date



Living Wellness Chiropractic of Columbia
6410 Dobbin Road, Suite C & D
Columbia, Maryland 21045



Workload = 10 patients per week, 2 -3 views per patient. 60 mAm used for shielding analysis.

No occupancy above or below.

Wall A requires 1/32 inch of lead extending from wall D to the control panel shield.

Wall B and Wall C do not require lead shielding.

Wall D requires 1/32 inch of lead extending from wall C to wall A.

Wall E requires an additional 1/16 inch of lead (total of 1/16 inch) 4 feet wide centered on the vertical line of the upright Bucky.

The control panel shield requires 1/32 inch of lead.

Lead must extend from the floor to a height of 7 feet.

The door requires 22 gauge steel (or heavier).

X represents the 40 inch SID tube position for 95% of views.