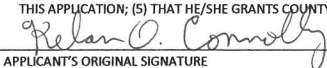
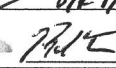
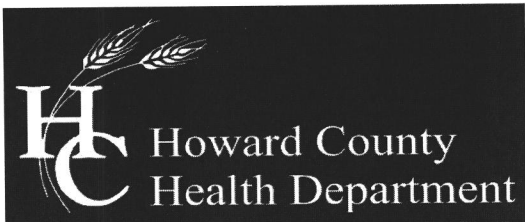


PERMIT NUMBER: B

20002457

DATE ACCEPTED:

<b>COMMERCIAL BUILDING PERMIT APPLICATION</b>			
<small>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</small>			
<b>BUILDING SITE ADDRESS</b> <i>REQUIRED</i>			
Street Address: <b>6851 Oak Hall</b>		Unit: <b>301</b>	
City: <b>Columbia</b>		State: <b>MD</b> Zip Code: <b>21045</b>	
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:
<b>DESCRIPTION OF WORK</b> <i>REQUIRED</i>			
Existing Use: <b>N/A</b>		Proposed Use: <b>Chiropractic Office</b> Estimated Cost: <b>\$15K</b>	
Trade Work to Be Completed ( <i>Separate Permits Required</i> ): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None			
<b>Moving some ducts and returns, adding and moving outlets and adding walls.</b>			
<b>PROPERTY OWNER INFORMATION</b> <i>REQUIRED</i>			
Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>TAPO Limited Partnership</b>			
Owner's Street Address: <b>5100 Dorsey Hall Dr.</b>			
City: <b>Ellicott City</b>		State: <b>MD</b> Zip Code: <b>21042</b>	
Phone: <b>410-964-0300</b>		Email: <b>RTalkin@talkin-oh.com</b>	
<b>TENANT INFORMATION</b> <i>REQUIRED</i>			
Business Name: <b>Palmercare Chiropractic Columbia Inc.</b>		Contact Name: <b>Casey Holm</b>	
Street Address: <b>6851 Oak Hall Suite 301</b>			
City: <b>Columbia</b>		State: <b>MD</b> Zip Code: <b>21045</b>	
Phone: <b>713-829-7506</b>		Email: <b>cfo@palmercare.com</b>	
<b>APPLICANT NAME</b> <i>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</i>			
Business Name: <b>Palmercare Chiropractic Columbia Inc.</b>		Contact Name: <b>Kelan Connolly</b>	
Street Address: <b>6851 Oak Hall Suite 301</b>			
City: <b>Columbia</b>		State: <b>MD</b> Zip Code: <b>21045</b>	
Phone: <b>443-255-4283</b>		Email: <b>drkelan@palmercare.com</b>	
<b>CONTRACTOR INFORMATION</b> <i>REQUIRED</i>			
Business Name: <b>On the Mark Management, Inc.</b>			
Licensee's Name: <b>Mark Tiaht</b>		License #: <b>104042</b>	
Street Address: <b>9352 Mike Garcia Dr.</b>			
City: <b>Manassas</b>		State: <b>VA</b> Zip Code: <b>20109</b>	
Phone: <b>703-898-1247</b>		Email: <b>mtiaht@onthemarkmanagement.com</b>	
<b>ARCHITECT/ENGINEER INFORMATION</b> <i>REQUIRED - INDIVIDUAL WHO SIGNED PLANS</i>			
Business Name: <b>Dunning Group Architects LLC</b>		Name: <b>Robert P. Dunning</b>	
Street Address: <b>14420 Albemarle Point Place Suite 230</b>			
City: <b>Chantilly</b>		State: <b>VA</b> Zip Code: <b>20151</b>	
Phone: <b>703-378-7991 ext. 102</b>		Email: <b>eyemane@dunningarchitects.com</b>	
<b>BUILDING CHARACTERISTICS</b> <i>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</i>			
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)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
<b>ADDITIONAL COMMERCIAL INFORMATION</b> <i>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</i>			
Area of Construction: <b>1205</b> sq ft		Gross Area: <b>1205</b> sq ft Height: <b>8</b> ft # of Stories:	
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # ( <i>for interior completions</i> ):	
<b>ADDITIONAL MULTI-FAMILY INFORMATION</b> <i>IF APPLICABLE</i>			
# 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	
<b>AGREEMENT/ DISCALIMER</b> <i>REQUIRED</i>			
<small>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</small>			
 APPLICANT'S ORIGINAL SIGNATURE		07/26/2020 DATE SIGNED	
<b>FOR OFFICE USE ONLY</b> <small>CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY</small>			
AGENCIES REQUIRED/APPROVALS:			
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health  <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT: <b>8/19/2020</b>	
		ACCEPTED BY:	



**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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August 19, 2020

**RE: B20002457**  
**6851 Oak Hill Drive**  
**Columbia, MD 21045**

To Whom It May Concern:

This letter is in response to building permit **B20002457**. 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