

PERMIT NUMBER: B

20002490

DATE ACCEPTED:

CAP Project Number: C-0317



**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: 8775 Cloudleap Ct.		Unit: 10
City: Columbia	State: MD	Zip Code: 21045
Subdivision/Village/Complex Name: Long Reach		SDP/WP/BA #: SDP-97-018
Lot:	Tax Map:	Parcel:
Grading Permit #:		

**DESCRIPTION OF WORK REQUIRED**

Existing Use: Business	Proposed Use: Education	Estimated Cost: \$980,000
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
New partitions, ceiling and floor finishes, storefront modifications, new doors, plumbing, mechanical ductwork modifications, new electrical and lighting, fire-protection system modifications and fire-alarm system		

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): Howard County		
Owner's Street Address: 3430 Court House Dr.		
City: Ellicott City	State: MD	Zip Code: 21043
Phone: (410) 313-1104	Email: TJUNG@HOWARDCOUNTYMD.GOV	

**TENANT INFORMATION REQUIRED**

Business Name: Howard County Government		Contact Name: Tae Jung
Street Address: 9200 Berger Rd		
City: Columbia	State: MD	Zip Code: 21046
Phone: (410) 313-1104	Email: TJUNG@HOWARDCOUNTYMD.GOV	

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: Quinn Evans		Contact Name: Rima Namek
Street Address: 100 N. Charles Street, FI 14		
City: Baltimore	State: MD	Zip Code: 21201
Phone: (443) 418-6400	Email: RNAMEK@QUINNEVANS.COM	

**CONTRACTOR INFORMATION REQUIRED**

Business Name: North Point Builders of Maryland, LLC		
Licensee's Name: Gary Davis		License #: 03619154
Street Address: 1050 North Point Road, Suite 101		
City: Baltimore	State: MD	Zip Code: 21204
Phone: (410) 477-8541	Email: GDAVIS@NPBINC.COM	

**ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS**

Business Name: Quinn Evans		Name: Rima Namek
Street Address: 100 N. Charles Street, FI 14		
City: Baltimore	State: MD	Zip Code: 21201
Phone: (443) 418-6400	Email: RNAMEK@QUINNEVANS.COM	

**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 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 checked="" 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: 5,347 sq ft	Gross Area: 21,540 sq ft	Height: 22 ft	# of Stories: 1
Construction Classification(s): IIB		Use Group: E (Education)	
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: *Rima Namek* DATE SIGNED: 7/29/2020

**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 <i>9/25/2020</i> <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:	