

PERMIT NUMBER: B 22000250

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: 12165 Clarksville Pike		Unit: 303
City: Clarksville	State: MD	Zip Code: 20759
Subdivision/Village/Complex Name: River Hill Square		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Retail	Proposed Use: Juice Bar	Estimated Cost: \$ 80-90K
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): River Hill Square LLC		
Owner's Street Address: P.O. Box 417		
City: Ellicott City	State: MD	Zip Code: 21041
Phone: 443-745-3278	Email: Rmoxley@sdcorand.com	

TENANT INFORMATION REQUIRED

Business Name: Fruitful Juice Bar		Contact Name: Jennie Kwon (Kwon)
Street Address: 12165 Clarksville Pike Suite 303		
City: Clarksville	State: MD	Zip Code: 20759 21029
Phone: 240 468 9892	Email: Jennie.Wang09@gmail.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Fruitful Juice Bar		Contact Name: Jennie Kwon
Street Address: 6750 Greenmill Way		
City: Columbia	State: MD	Zip Code: 21044
Phone: 240 468 9892	Email: Jennie.Wang09@gmail.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Vudo Construction		License #: 132228
Licensee's Name: Vudo Construction		
Street Address: 1738 Elton Rd St 305		
City: Silver Spring	State: MD	Zip Code: 20903
Phone: 301-366-1999	Email: VudoConstruction@gmail.com	

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: T&T Engineers		Name: Tuan Duc
Street Address: 11040 Martha Way		
City: Fulton	State: MD	Zip Code: 20759
Phone:	Email: dhanh.tuan@yahoo.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 checked="" type="checkbox"/> Electric <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Area of Construction: 1600 sq ft	Gross Area: 200.00 sq ft	Height: 15 ft	# of Stories: 1
Construction Classification(s):		Use Group: Restaurant	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shell Building Permit # (for interior completions): B18004172	

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: 1/25/22

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 5/6/22 ANB	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: 200	PAYMENT: \$0.00	ACCEPTED BY: _____
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