

PERMIT NUMBER: B 2000306

DATE ACCEPTED:

DILP 2022 FEB 2 PM 1:56

### 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](http://www.howardcountymd.gov)

#### BUILDING SITE ADDRESS REQUIRED

Street Address: <b>7221 Montevideo Road</b>		Unit: <b>100</b>
City: <b>Jessup</b>	State: <b>MD</b>	Zip Code: <b>20794</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel: <b>1401168738</b> Grading Permit #:

#### DESCRIPTION OF WORK REQUIRED

Existing Use: <b>Industrial</b>	Proposed Use: <b>Agriculture</b>	Estimated Cost: <b>\$15,000,000</b>
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		
<b>Phase 3 expansion (16,000) of existing LED Cannabis cultivation site under MMCC License. Build to occur entirely side existing open warehouse space. To follow all previous approved designs associated with current buildout.</b> <i>interior</i>		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): <b>7221 JESSUP, LLC</b>		
Owner's Street Address: <b>415 North Dearborne Street</b>		
City: <b>Chicago</b>	State: <b>Illinois</b>	Zip Code: <b>60654</b>
Phone: <b>(301) 332-5054</b>	Email: <b>adam.millstein@verano.com</b>	

#### TENANT INFORMATION REQUIRED

Business Name: <b>Freestate Wellness, LLC</b>	Contact Name: <b>Adam Millstein</b>
Street Address: <b>415 North Dearborne Street</b>	
City: <b>Chicago</b>	State: <b>Illinois</b> Zip Code: <b>60654</b>
Phone: <b>(301) 332-5054</b>	Email: <b>adam.millstein@verano.com</b>

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

Business Name: <b>Freestate Wellness, LLC</b>	Contact Name: <b>Adam Millstein</b>
Street Address: <b>7221 Montevideo Road</b>	
City: <b>Jessup</b>	State: <b>Maryland</b> Zip Code: <b>20794</b>
Phone: <b>(301) 332-5054</b>	Email: <b>adam.millstein@verano.com</b>

#### CONTRACTOR INFORMATION REQUIRED

Business Name: <b>RE Newcomb</b>	
Licensee's Name: <b>Mike Newcomb</b>	License #:
Street Address: <b>9055 Maier Road</b>	
City: <b>Laurel</b>	State: <b>Maryland</b> Zip Code: <b>20723</b>
Phone: <b>(301) 953-1935</b>	Email: <b>info@renewcomb.com</b>

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

Business Name: <b>Carballo Architecture</b>	Name: <b>Adam Carballo</b>
Street Address: <b>1816 Aliceanna St</b>	
City: <b>Baltimore</b>	State: <b>Maryland</b> Zip Code: <b>21224</b>
Phone: <b>(443) 963-1077</b>	Email: <b>info@carballoarch.com</b>

#### 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 checked="" 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: <b>16,000 SF</b> sq ft	Gross Area: <b>15,000</b> sq ft	Height: <b>17</b> ft	# of Stories: <b>2</b>
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input 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

*Adam Carballo*  
APPLICANT'S ORIGINAL SIGNATURE

2/1/2022  
DATE SIGNED

#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

#### AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>4/27/22</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: <u>200.00</u>	PAYMENT: <u>161</u>	ACCEPTED BY: <i>JA</i>
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*addition Per Andrew + joel*