

PERMIT NUMBER: B 22001334

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: 8100 Aladdin Drive		Unit:
City: Laurel	State: MD	Zip Code: 20723
Subdivision/Village/Complex Name: Hammond MS.		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Heating/School	Proposed Use: Heating	Estimated Cost: \$ 319,500
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Replace Boilers and pumps interior		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Howard County Public School	
Owner's Street Address: 9020 Mendenhall Court	
City: Columbia	State: Md. Zip Code: 21045
Phone:	Email:

#### TENANT INFORMATION REQUIRED

Business Name: Hammond M.S.		Contact Name:
Street Address: 8100 Aladdin Drive		
City: Laurel	State: Md.	Zip Code: 20723
Phone:	Email:	

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

Business Name: Dynastis Inc.		Contact Name: Brian Gino
Street Address: 9351 Philadelphia Rd Suite J		
City: Baltimore	State: Md.	Zip Code: 21237
Phone: 410-247-6750	Email: b.gino@dynastis.com	

BGIRO@DYNASTIS.COM

#### CONTRACTOR INFORMATION REQUIRED

Business Name: Dynastis Inc.		License #: 3195 HVACC
Licensee's Name: Brian Gino		
Street Address: 9351 Philadelphia Rd Suite J		
City: Baltimore	State: Md.	Zip Code: 21237
Phone: 410-247-6750	Email: b.gino@dynastis.com	

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

Business Name: Building Dynamics LLC		Name: Robert Lowe
Street Address: 8600 Parkway Street		
City: Savage	State: Md.	Zip Code: 20763
Phone: 410-703-3282	Email: rlowe@building-dynamics.com	

#### BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input 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 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: 1060 sq ft	Gross Area: sq ft	Height: 15 ft	# of Stories: 1
Construction Classification(s): 2B	Use Group: Educational		
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shell Building Permit # (for interior completions): N/A		

#### 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: [Signature] DATE SIGNED: 4/27/22

#### FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:	PR	DPZ	DED	Health 4/27/22	SHA	CID
SUBMITTAL FEES:	PAYMENT: HCPSS		ACCEPTED BY: [Signature]		AKH	

4/27/22