

COPY

3/31/22

PERMIT NUMBER: B 2201188

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: <b>7600 ASSATEAGUE DRIVE</b>		Unit:
City: <b>JESSUP</b>	State: <b>MD</b>	Zip Code: <b>20794</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: <b>J 2</b>	Tax Map: <b>0043</b>	Parcel: <b>0002</b>
Grading Permit #:		

**DESCRIPTION OF WORK REQUIRED**

Existing Use: <b>MEGA WAREHOUSE</b>	Proposed Use: <b>NO CHANE</b>	Estimated Cost: <b>\$ 5,492,000.00</b>
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
<b>INSTALL A 7,366.30KW DC (15,508 PANEL) BALLASTED SOLAR PV SYSTEM ON EXISTING ROOF TOPS</b>		

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): <b>MID ATLANTIC COMMERCE CENTER ILP LLC</b>		
Owner's Street Address: <b>7315 WISCONSIN AVE STE 200W</b>		
City: <b>BETHESDA</b>	State: <b>MD</b>	Zip Code: <b>20814</b>
Phone:	Email:	

**TENANT INFORMATION REQUIRED**

Business Name: <b>THIS IS A MEGA WAREHOUSE WITH MANY</b>	Contact Name:
Street Address:	
City:	State:
Phone:	Email:

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

Business Name: <b>SOLAR GAINES LLC</b>	Contact Name: <b>JOHN HENCKEN</b>
Street Address: <b>9 SCHILLING ROAD, SUITE 210</b>	
City: <b>HUNT VALLEY</b>	State: <b>MD</b>
Phone: <b>(410) 785-1760</b>	Email: <b>JHENCKEN@SOLARGAINES.COM AKERR@SOLARGAINES.COM</b>

**CONTRACTOR INFORMATION REQUIRED**

Business Name: <b>SOLAR GAINES LLC</b>	License #: <b>03621091</b>
Licensee's Name: <b>SOLAR GAINES LLC</b>	
Street Address: <b>9 SCHILLING ROAD, SUITE 210</b>	
City: <b>HUNT VALLEY</b>	State: <b>MD</b>
Phone: <b>(410) 785-1760</b>	Email: <b>JHENCKEN@SOLARGAINES.COM</b>

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

Business Name: <b>PURE POWER ENGINEERING</b>	Name:
Street Address: <b>111 RIVER STREET, SUITE 1110</b>	
City: <b>HOBOKEN</b>	State: <b>NJ</b>
Phone: <b>(551) 220-5980</b>	Email: <b>RKENIUK@PUREPOWER.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 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>389,899</b> sq ft	Gross Area: <b>556,985</b> sq ft	Height: _____ 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 # (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 \_\_\_\_\_ DATE SIGNED **3/4/2022**

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

AGENCIES REQUIRED/APPROVALS: <b>No objections, approved</b>					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>98 4/2/22</b>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID

SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:
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