

PERMIT NUMBER: B 22001507

DATE ACCEPTED: 4/12/22



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: 8450 Baltimore National Pike		Unit: 5th. 120
City: Ellicott City	State: MD	Zip Code: 21043
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Restaurant	Proposed Use: Patio Seating	Estimated Cost: \$ 20,000-
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		
Adding railings for patio seating. Only adding		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): David Moxley / Normandy Venture Limited Partsp		
Owner's Street Address: 3820 Championship Dr.		
City: Glenwood	State: MD	Zip Code: 21738
Phone:	Email: dmoxleybl@gmail.com	

TENANT INFORMATION REQUIRED

Business Name: All American Steakhouse	Contact Name: Paul Stratton
Street Address: 137 Mitchell's Chance Rd Sk 200	
City: Edgewater	State: MD
Phone: 410-523-7077	Email: stratton@AOL.com
Zip Code: 21037	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: SAME AS TENANT	Contact Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

CONTRACTOR INFORMATION REQUIRED

Business Name: Tenant	License #:
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: Steve Kahle SKA Studio	Name: Steve Kahle
Street Address: 47 Randall St	
City: Annapolis	State: MD
Phone: 301-858-5853	Zip Code: 21401
Email: skahle@ska-studio.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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Area of Construction: 1116 sq ft	Gross Area: 1116 sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
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: *Paul Stratton* DATE SIGNED: 4/12/22

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 checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: 200		PAYMENT:		ACCEPTED BY: <i>[Signature]</i>	

OK for DPZ/DED KAE