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PERMIT NUMBER: B

21003914

DATE ACCEPTED:

SEP 07 2021



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

LICENSES & PERMITS DIVISION

BUILDING SITE ADDRESS REQUIRED

Street Address: 9291 BALTIMORE NATIONAL PIKE
City: ELLICOTT CITY
State: MD
Zip Code: 21042
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot:
Tax Map:
Parcel:
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: RETAIL
Proposed Use: RETAIL
Estimated Cost: \$ 40,000
Trade Work to Be Completed (Separate Permits Required):
[X] Mechanical (HVACR) [X] Electrical [] Plumbing [] None
Interior alterations for existing tenant

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): WEINMAN LEHMAN CORPORATION
Owner's Street Address: PO Box 5992
City: BALTIMORE
State: MD
Zip Code: 21282-5992
Phone:
Email:

TENANT INFORMATION REQUIRED

Business Name: TRILOGY WELLNESS
Contact Name: HERMAN DUST
Street Address: 9291 BALTIMORE NATIONAL PIKE
City: ELLICOTT CITY
State: MARYLAND
Zip Code: 21042
Phone: 443-539-7506
Email: HDUST@TRILOGYHEALTH

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: BAR-LIN CONSTRUCTION
Contact Name: JAKE CONN
Street Address: PO Box 248
City: CHASE
State: MARYLAND
Zip Code: 21027
Phone: 410-335-2693
Email: JAKE@BARLINCONSTRUCTION.COM

CONTRACTOR INFORMATION REQUIRED

Business Name: BAR-LIN CONSTRUCTION
Licensee's Name: BAR-LIN CONSTRUCTION
License #: 03812653
Street Address: PO Box 248
City: CHASE
State: MARYLAND
Zip Code: 21027
Phone: 410-335-2693
Email: JAKE@BARLINCONSTRUCTION.COM

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: DESIGN EVOLUTION
Name:
Street Address: 1680 BOWOCK CIRCLE
City: OWINGS MILLS
State: MARYLAND
Zip Code: 21117
Phone: 410-252-0177
Email: LAN@DEA-LLC.COM

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: [] Electric [] Gas Water Supply: [X] Public [] Private (Well) Sewage Disposal: [X] Public [] Private (Septic)
Heating System: [] Electric [] Natural Gas [] Propane [] Other: Roadside Tree Project: [X] No [] Yes: #
Sprinkler System: [] NFPA 13 [] NFPA 13R [X] None Fire Alarm System: [] Yes [X] No [] Voice Evac

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

Area of Construction: 260 sq ft Gross Area: sq ft Height: 10 ft # of Stories: 1
Construction Classification(s):
Use Group:
Was the tenant space previously occupied? [X] Yes [] 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: [] Performance [] UA Alternative [] ERI [] A 90.1 Gross Area: sq ft Occupable 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 HOWARD 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

09/07/2021

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR [X] DPZ [X] DED [X] Health [X] SHA [] CID []
SUBMITTAL FEES: PAYMENT: 4600 ACCEPTED BY: [Signature]

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