

MAR 08 2021

PERMIT NUMBER: B 21 000856

DATE ACCEPTED:



COMMERCIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

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: 10039 BALTIMORE NATIONAL PIKE		Unit:
City: ELLCOTT 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: RESTAURANT	Proposed Use: RESTAURANT	Estimated Cost: \$52000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
minor electrical work for general outlets, lighting fixture relocation/installation. no service upgrade. one hand sink		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): FOREST MOTEL INC BONNIE BRANCH CORP		
Owner's Street Address: 8318 FORREST ST STE 200		
City: ELLCOTT CITY	State: MD	Zip Code: 21043
Phone:	Email:	

TENANT INFORMATION REQUIRED

Business Name: OVER RICE	Contact Name: EMILY KIM
Street Address: 10039 NATIONAL BALTIMORE PIKE	
City: ELLCOTT CITY	State: MD
Phone: (443) 834-3392	Email:
Zip Code: 21042	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: JAMES KYUNG PARK
Street Address: 913 S. LAKEWOOD AVE.	
City: BALTIMORE	State: MD
Phone: (703) 473-9808	Email: cooljames777@hotmail.com
Zip Code: 21224	

CONTRACTOR INFORMATION REQUIRED

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

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: QODESH	Name: BRIAN STEPHENSON
Street Address: 30 WEST 25TH STREET	
City: BALTIMORE	State: MD
Phone: (140) 662-5599	Email:
Zip Code: 21218	

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: 520 sq ft	Gross Area: 1,476 sq ft	Height: ft	# of Stories: 1
Construction Classification(s): II B		Use Group: A-2	
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

APPLICANT'S ORIGINAL SIGNATURE: DATE SIGNED: **3/10/21**

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health RH 4/30/21	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:
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