

PERMIT NUMBER: B 21001169

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>9350 Snowden River Parkway</b>		Unit: <b>G</b>
City: <b>Columbia</b>	State: <b>MD</b>	Zip Code: <b>21045</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: <b>A1</b>	Tax Map: <b>0042</b>	Parcel: <b>0007</b>
		Grading Permit #:

### DESCRIPTION OF WORK *REQUIRED*

Existing Use: <b>Restaraunt</b>	Proposed Use: <b>Restaraunt</b>	Estimated Cost: <b>\$45,000</b>
Trade Work to Be Completed ( <i>Separate Permits Required</i> ): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

*Interior Alterations*

### PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>Song Nam Yong</b>		
Owner's Street Address: <b>4279 Mirror Pond PL</b>		
City: <b>Brambleton</b>	State: <b>VA</b>	Zip Code: <b>20148</b>
Phone:	Email:	

### TENANT INFORMATION *REQUIRED*

Business Name: <b>Boro's Kabob</b>	Contact Name: <b>Raymond Sinanian</b>
Street Address: <b>9350 Snowden River Parkway</b>	
City: <b>Columbia</b>	State: <b>Maryland</b>
Phone: <b>(443) 413-5121</b>	Zip Code: <b>21045</b>
Email: <b>raymond.sinanian@yahoo.com</b>	

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

Business Name: <b>CES Sales llc</b>	Contact Name: <b>Steve</b>
Street Address: <b>2201 eagle st Unit f</b>	
City: <b>Baltimore</b>	State: <b>Maryland</b>
Phone: <b>(443) 630-1242</b>	Zip Code: <b>21223</b>
Email: <b>cesequipment@gmail.com</b>	

### CONTRACTOR INFORMATION *REQUIRED*

Business Name: <b>CES Sales llc</b>	
Licensee's Name: <b>CES Sales llc</b>	License #: <b>30678741</b>
Street Address: <b>2201 eagle st unit F</b>	
City: <b>Baltimore</b>	State: <b>21223</b>
Phone: <b>(443) 630-1242</b>	Zip Code: <b>21223</b>
Email: <b>cesequipment@gmail.com</b>	

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DIVISION

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

Business Name: <b>Consulting Design Services</b>	Name: <b>Mike Asbacher</b>
Street Address: <b>14733 Janice Drive</b>	
City: <b>Rockville</b>	State: <b>Maryland</b>
Phone: <b>(301) 252-1887</b>	Zip Code: <b>20853</b>
Email: <b>mikea@consultingdesign.net</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 type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Area of Construction: <b>1,200</b> sq ft	Gross Area: <b>1,200</b> sq ft	Height: <b>15</b> ft	# of Stories: <b>1</b>
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # ( <i>for interior completions</i> ):	

### 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: **3/29/21**

### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>PH 5/29/21</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: <b>200<sup>00</sup></b>		PAYMENT: <i>ck # 9988</i>		ACCEPTED BY: <i>Drop Box</i>	

*incomplete check*