

PERMIT NUMBER: B 22003229

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: 10040 BALTIMORE NATIONAL PIKE		Unit: E 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: EMPTY	Proposed Use: RESTAURANT	Estimated Cost: \$ 120,000.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

NEW TENANT LAYOUT FOR NEW RESTAURANT

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): ENCHANTED FOREST, LLC(KIMCO)		
Owner's Street Address: 500 NORTH BROADWAY SUITE 201		
City: JERICHO	State: NY	Zip Code: 11753
Phone: (443) 681-0170	Email: rmccoy@kimcorealty.com	

TENANT INFORMATION REQUIRED

Business Name: KARE BAR CURRY & MORE	Contact Name: WOO J LEE, JUNK I KANG
Street Address: 5816 GREENTREE RD.	
City: BETHESDA	State: MD
Phone: (202) 253-2527	Email: Ricebardc@gmail.com
Zip Code: 21043	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: ELEMENTSPLUS INC	Contact Name: JOOHAN KIM, RA
Street Address: 43720 TRADE CENTER PL. #130	
City: STERLING	State: VA
Phone: (703) 309-9982	Email: JOOHANK@ELEMENTSPLUSDESIGN.COM
Zip Code: 20166	

CONTRACTOR INFORMATION REQUIRED

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

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: ELEMENTSPLUS INC	Name: HYUN CHA, AIA
Street Address: 43720 TRADE CENTER PL. #130	
City: STERLING	State: VA
Phone: (703) 477-3939	Email: HYUNC@ELEMENTSPLUSDESIGN.COM
Zip Code: 20166	

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 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: 1,895 sq ft	Gross Area: 1,895 sq ft	Height: _____ ft	# of Stories: 1
Construction Classification(s): IIB		Use Group:	
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: **02/15/2022**

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 1/23/22 ANB	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: 200		PAYMENT:		ACCEPTED BY: 	