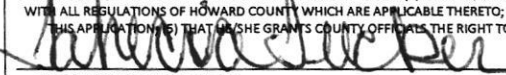


PERMIT NUMBER: B

22002487

DATE ACCEPTED:

DILP 2022 JUN 24 04:30:03

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: 3075 Route 32			Unit:
City: West Friendship		State: MD	Zip Code: 21794
Subdivision/Village/Complex Name:			SDP/WP/BA #:
Lot:	Tax Map: 0015	Parcel: 0036	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: Telecommunications Tower		Proposed Use: Telecommunications Tower	
		Estimated Cost: \$ 30,000	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None			
Adding (1) 6160, (1) B160, (3) HCS 6X24, (3) RFS-APXVAALL24_43-U-NA20, (3) AIR 6419 B41, (3) Commscope_VV-65A-R1, (3) 4480, (3) 4460 radios			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): VB-S1 Assets, LLC			
Owner's Street Address: 750 Park of Commerce Drive, Suite 200			
City: Boca Raton		State: FL	Zip Code: 33487
Phone:		Email:	
TENANT INFORMATION REQUIRED			
Business Name: TMOBILE NORTHEAST LLC		Contact Name: Tahicia Tucker	
Street Address: 12050 Baltimore Ave			
City: Beltsville		State: MD	Zip Code: 20705
Phone: (410) 999-5093		Email: tahicia.tucker23@t-mobile.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: Centerline Communications LLC		Contact Name: Tahicia Tucker	
Street Address: 750 W Center St, Suite 301			
City: West Bridgewater		State: MA	Zip Code: 02379
Phone: (410) 999-5093		Email: ttucker@clinellc.com	
CONTRACTOR INFORMATION REQUIRED			
Business Name:			
Licensee's Name: TBD		License #:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: Centerline Communicationa		Name: Philip A. Burtner, P.E.	
Street Address: 750 W Center St, Suite 301			
City: West Bridgewater		State: MA	Zip Code: 02379
Phone: (610) 730-5430		Email: pburtner@clinellc.com	
BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	
		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input 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 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: sq ft	Gross Area: sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input 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		10/24/22 DATE SIGNED	
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 7/25/22
SUBMITTAL FEES:		PAYMENT: online	ACCEPTED BY: 