

PERMIT NUMBER: B 2000 3295

DATE ACCEPTED: 9-21-2020

<b>COMMERCIAL BUILDING PERMIT APPLICATION</b>			
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a>			
<b>BUILDING SITE ADDRESS REQUIRED</b>			
Street Address: <b>6181 OLD DOBBIN LN</b>			Unit: <b>200</b>
City: <b>COLUMBIA</b>		State: <b>MD</b>	Zip Code: <b>21045</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:
<b>DESCRIPTION OF WORK REQUIRED</b>			
Existing Use: <b>A-2 ASSEMBLY</b>		Proposed Use: <b>A-2 ASSEMBLY</b>	
		Estimated Cost: <b>\$ 200,000</b>	
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			
<b>INTERIOR ALTERATION OF AN EXISTING SPACE FOR A GOURMET BURGER RESTAURANT.</b>			
<b>PROPERTY OWNER INFORMATION REQUIRED</b>			
Owner(s) Name(s) (As it appears on tax records): <b>AA K DOBBIN LLC</b>			
Owner's Street Address: <b>8601 ROBERT FULTON DR. SUITE 100</b>			
City: <b>COLUMBIA</b>		State: <b>MD</b>	Zip Code: <b>21046</b>
Phone:		Email:	
<b>TENANT INFORMATION REQUIRED</b>			
Business Name: <b>BUFIDOB LLC</b>		Contact Name: <b>MANUEL SANCHEZ</b>	
Street Address: <b>10415 GREY FOX RD</b>			
City: <b>POTOMAC</b>		State: <b>MD</b>	Zip Code: <b>20854</b>
Phone: <b>(646) 634-9600</b>		Email: <b>MSO@BUFISS.COM</b>	
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>			
Business Name: <b>OCULUS INC.</b>		Contact Name: <b>ZACH HAMILTON</b>	
Street Address: <b>1 S MEMORIAL DR. SUITE 1500</b>			
City: <b>ST LOUIS</b>		State: <b>MO</b>	Zip Code: <b>63102</b>
Phone: <b>(314) 450-5386</b>		Email: <b>ZACHH@OCULUSINC.COM</b>	
<b>CONTRACTOR INFORMATION REQUIRED</b>			
Business Name: <b>CORPORATE CONSTRUCTION GROUP LLC</b>			
Licensee's Name: <b>ANDREW ALTMAN</b>		License #: <b>15646857</b>	
Street Address: <b>2079 WINDMERE COURT</b>			
City: <b>STERLING</b>		State: <b>VA</b>	Zip Code: <b>20165</b>
Phone: <b>(703) 727-2002</b>		Email: <b>AALTMAN@CCG-GC.COM</b>	
<b>ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS</b>			
Business Name: <b>OCULUS INC.</b>		Name: <b>RON REIM</b>	
Street Address: <b>1 S MEMORIAL DR. SUITE 1500</b>			
City: <b>ST LOUIS</b>		State: <b>MO</b>	Zip Code: <b>63102</b>
Phone: <b>(314) 367-6100</b>		Email: <b>RONR@OCULUSINC.COM</b>	
<b>BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>			
Utilities: <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
<b>ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>			
Area of Construction: <b>2,908</b> sq ft		Gross Area: sq ft	Height: ft # of Stories: <b>1</b>
Construction Classification(s): <b>IIB</b>		Use Group: <b>A-2 ASSEMBLY</b>	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	
<b>ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE</b>			
# 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
<b>AGREEMENT / DISCALIMER REQUIRED</b>			
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	
<b>FOR OFFICE USE ONLY</b>			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY: <b>FED EX</b>	