

Record Detail * (This section is required.)

Permit Type Building/Commercial/Alteration/NA
Permit Number B23004262
Opened Date 10/23/2023
Description of Work
 1ST FLOOR/ Advanced Radiology/ INTERIOR TENANT FIT OUT OF A NEW RADIOLOGY FACILITY TO INCLUDE REMOVAL OF ALL EXISTING PARTITIONS, DOORS, CEILING AND FLOOR FINISHES, CASEWORK, LIGHTING AND PLUMBING FIXTURES. NEW WORK WILL INCLUDE NEW SPACES SUCH AS EXAM ROOMS, OFFICES, CHANGING ROOMS, ADA TOILET ROOMS, MRI AND CT SCAN ROOMS, RECEPTION AND WAITING AREAS. NEW FLOOR AND CEILING FINISHES, CASEWORK, LIGHTING AND MECHANICAL DEVICES WILL BE INCLUDED

[check spelling](#)

Sent MDE x-ray letter.
Approved. g/l 12/20/23

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 6220
Street Name OLD DOBBIN
Street Type LN
Unit Type --Select--
Unit # --Select--
X Coordinate -76.81675
Y Coordinate 39.20152
City COLUMBIA
State MD
Zip Code 21045
Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID 865829
Parcel 521
Parcel Area 26.24
Land Value 10287100
Improved Value 30589100
Exemption Value 20302000
Plan Area COLUMB

Legal Description
 IMPVPAR A1 26.2480 A[]6200 OLD DOBBIN LN[]ROUTE 175 COMMERCIAL S1

[check spelling](#)

Block A
Lot A
Census Tract 606703
Council Dist 2
Inspection Dist
Supervisor Dist
Map #
DAP Zone
Plan Area State Tax Id 1416214221
Section Area Tax Map 36
Grid 36-12 Zoning District NT ADC Map 4935-K8
SDP No. SDP-00-075 Final Plan No. F-00-020 WP File No.
Record Plat No. 14160 WS Contract No. FDP No. Primary Yes
Owner Occupied Yes No Year Built 2001 Historic District Yes No
Historic District Registry No. 6-10 Stat Area Flood Plain Yes No
Building No

Owner (This section is not required.)

Search Reset Clear
Name OLD DOBBIN OWNER LLC
Address Line 1 1414 KEY HIGHWAY SUITE 300A
Address Line 2
Address Line 3
Mail City BALTIMORE
Mail State MD
Mail Zip Code 21230
Phone 860-938-2425
E-mail
Cell Number
Fax Number

Professionals (This section is not required.)

License # * 15155459
License Type * Contractor
Primary Yes

Business Name ALL ACCESS BUILDING SOLUTIONS LLC
First Name KRISTY **Middle Name** D. **Last Name** SAMPSON
Address Line 1 2686 NORTH FEDERAL HIGHWAY UNIT 21
Address Line 2

City BOYNTON BEACH **State** FL **ZIP Code** 33435
Phone 1 8609213550 **Phone 2** **Fax**
E-mail RJS@AABSOLUTIONSLLC.COM

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type * Applicant
Relationship Applicant
Primary No

First Name KRISTY **MI** D **Last Name** SAMPSON
Full Name KRISTY D. SAMPSON
Organization Name ALL ACCESS BUILDING SOLUTIONS LLC
Street Address 2686 N FEDERAL HIGHWAY
Address Line 2

City BOYNTON BEACH **State** FL **Zip Code** 33435
Phone 919-518-7373 **Cell** **Fax**
E-mail * kristy@aabsolutionsllc.com

Contact (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type Contact
Relationship Licensed Professional
Primary Yes

First Name Kristy **MI** d **Last Name** Sampson
Full Name Kristy d Sampson
Organization Name All Access Building Solutions LLC
Street Address 1679 Westville Rd
Address Line 2

City Marydel **State** DE **Zip Code** 19964
Phone 919-518-7373 **Cell** 919-518-7373 **Fax**
E-mail kristy@aabsolutionsllc.com

Addtl Info

Est Construction Cost * 980000 **Housing Units *** 0 **Number of Buildings *** 0 **Public Owned** No

Construction Type -Select-

COMMERCIAL ALTERATION

BUILDING INFORMATION

Expedited Review * Yes No **Capital Project-No Fee *** Yes No **Capital Project Number** **Fee Exempt *** Yes No **Fee Exempt Group** --Select--

Roadside Tree Project Permit **Roadside Tree Project Permit #** **Was Tenant Space previously occupied *** Yes No **Previous Use *** OFFICE BLDG **Revision Fees?** Yes No **Proposed Use *** IMAGING CENTER **Assembly** Yes No **Interior Completion ***

Tenant * **Shell Permit Number** **Use Group** **Construction Type**

RADNET RADIOLOGY
Minor Alteration Yes No
Downtown Tax Square Footage
State Certified Module Yes No
No of Stories
Height
Plan Submittal: IIIA Protected Ordinary
Electronically by Invitation from Proj.
Expiration Date: 06/15/2024
U&O Issued On
U & O Comments
[check spelling](#)
Gross Area - Sq Foot Per Floor
Area of Construction - SQ FT: 5953

UTILITY INFORMATION

Water Supply * Public
Sewage Disposal * Public
Utilities * Electric
Heating System * Electric
Geothermal * Yes No
Sprinkler System * Full
Fire Alarm Yes No

GREEN BUILDING INFORMATION

Goal Level --Select--
Actual Level --Select--
Leed Registration Number
Date of Leed Certification

Submit Cancel