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Record Detail \* (This section is required.)

Permit Type Building/Commercial/Alteration/NA Permit Number B23004659 Opened Date 11/28/2023

Description of Work SUITE E/ Skin Tonic/ INTERIOR ALTERATIONS to renovate the existing vet office for a new skin & beauty spa. The new work is to renovate existing finishes and remove and replace the existing doors to be ADA compliant. The space will include a renovated lobby, break room, 3 wax rooms, sauna, spa shower room, and renovated toilet room. The new finishes include tile floors, led lighting, ACT ceiling tiles, and paint.

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner Street # 8827 Street Name CENTRE PARK Street Type DR Unit Type UNIT Unit # E X Coordinate -76.81493 Y Coordinate 39.22785 City COLUMBIA State MD Zip Code 21045 Primary Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner GIS ID \* 880976 Parcel 104 Parcel Area 0.74 Land Value 647300 Improved Value 1794200 Exemption Value 1146900 Plan Area COLUMB

Legal Description IMPSPAR A-6 32,365 SQ[ ]8827 CENTRE PARK DR[ ]OAKLAND EXEC PK RSB A-2

check spelling

Block 30-18 Lot PAR A-6 Census Tract 602302 Council Dist 2 Inspection Dist B-1 Supervisor Dist 4935-K4 Map # 30 DAP Zone Subdivision Name OAKLAND EXECUTIVE PARK Tax Map 30 ADC Map 4935-K4 WP File No. SDP No. SDP-00-110 Final Plan No. Record Plat No. 14235 WS Contract No. FDP No. Primary Yes Owner Occupied No Year Built 2001 Historic District No Flood Plain No Building No

Owner (This section is not required.)

Search Reset Clear

Name \* NEW HAMAMI VENTURES LLC Address Line 1 427 VISTA DE LA PLAYA LN Address Line 2

Address Line 3

Mail City SANTA BARBARA Mail State CA Mail Zip Code 93109 Phone 410-992-3410 Primary Yes E-mail

Cell Number Fax Number

**Professionals** (This section is not required.)

**License # \***  
 12139761  
**Business Name**  
 CLASSIC CONTRACTING LLC  
**License Type \***  
 Contractor  
**Primary**  
 Yes  
**First Name**  
 CLIFFORD  
**Middle Name**  
  
**Last Name**  
 ULRICH  
**Address Line 1**  
 1500 CHEROKEE LANE  
**Address Line 2**  
  
**City**  
 BEL AIR  
**State**  
 MD  
**ZIP Code**  
 21015  
**Phone 1**  
 4439870933  
**Phone 2**  
  
**Fax**  
  
**E-mail**  
 CLassiccontracting23@icloud.com

**Applicant** (This section is not required.)

Search As Owner As Lic. Prof As Contact

**Type \***  
 Applicant  
**Relationship**  
 Applicant  
**Primary**  
 No  
**First Name**  
 Nathaniel  
**MI**  
  
**Last Name**  
 Hilker  
**Full Name**  
 NATHANIEL HILKER  
**Organization Name**  
 Frederick Ward Associates  
**Street Address**  
 5 South Main St  
**Address Line 2**  
  
**City**  
 Bel Air  
**State**  
 Maryland  
**Zip Code**  
 21014  
**Phone**  
 4433719706  
**Cell**  
  
**Fax**  
  
**E-mail \***  
 Nhilker@fredward.com

**Contact** (This section is not required.)

Search As Owner As Lic. Prof As Contact

**Type**  
 Contact  
**Relationship**  
 Licensed Professional  
**Primary**  
 Yes  
**First Name**  
 Nathaniel  
**MI**  
  
**Last Name**  
 Hilker  
**Full Name**  
  
**Organization Name**  
 Frederick Ward Associates  
**Street Address**  
 5 South Main St  
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**City**  
 Bel Air  
**State**  
 Maryland  
**Zip Code**  
 21014  
**Phone**  
 4433719706  
**Cell**  
  
**Fax**  
  
**E-mail**  
 Nhilker@fredward.com

**Addtl Info**

**Est Construction Cost \***  
 100000  
**Housing Units \***  
 0  
**Number of Buildings \***  
 0  
**Public Owned**  
 No  
**Construction Type**  
 437 - Additions, Alterations and Conversions - Commercial

**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--  
**Revision Fees?**  
 Yes  No  
**Roadside Tree Project Permit**  Yes  No  
**Roadside Tree Project Permit #**  
  
**Was Tenant Space previously occupied \***  Yes  No  
**Previous Use \***  
 Vet Center  
**Proposed Use \***  
 Beauty Spa  
**Assembly**  
 Yes  No  
**Tenant \***  
  
**Shell Permit Number**  
  
**Use Group**  
  
**Construction Type**  
  
**Interior Completion \***

Yes  No   
  Yes  No   
  Yes  No   
  Yes  No

U & O Comments:

Plan Submittal:  Yes  No  
 Electronically by Invitation from Proj

Expiration Date: 06/11/2024

Gross Area - Sq Foot Per Floor:    Area of Construction - SQ FT: 1702

UTILITY INFORMATION

Water Supply: Public   
 Sewage Disposal: Public   
 Utilities: Gas and Electric   
 Heating System: Natural Gas   
 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