

PERMIT NUMBER: B

22602457

DATE ACCEPTED:

RECEIVED

JUN 16 2022

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

LICENSES & PERMITS
 DIVISION

BUILDING SITE ADDRESS *REQUIRED*

Street Address: 9055 Chevrolet Dr Unit:
 City: Ellicott City State: MD Zip Code: 21043
 Subdivision/Village/Complex Name: Howard County Medical Center SDP/WP/BA #:
 Lot: Tax Map: Parcel: 1057 Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use: Professional Office Building Proposed Use: Professional Office Building Estimated Cost: \$200,000.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 tenant fit out in existing space to include: modifications to ceilings and partitions, new receptacles and lighting, new plumbing fixtures, new ACTs and board ceilings, new ductwork and diffusers

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): Aryana Properties LLC
 Owner's Street Address: 6505 Curry Manor CT
 City: Bethesda State: Maryland Zip Code: 20817
 Phone: (240) 876-9436 Email: shahabravery@yahoo.com

TENANT INFORMATION *REQUIRED*

Business Name: Quest Diagnostics Contact Name: Beverly Hoskinson
 Street Address: 500 Plaza Dr
 City: Seacaucus State: New Jersey Zip Code: 07094
 Phone: (412) 552-4119 Email: Beverly.M.Hoskinson@questdiagnostics.com

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: C2 Consultants Inc Contact Name: Mackenzie Guthrie
 Street Address: 106 S Main Ave
 City: Dyersburg State: Tennessee Zip Code: 38024
 Phone: (731) 676-2129 Email: mackenzieg@c2cbuilds.com

CONTRACTOR INFORMATION *REQUIRED*

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

ARCHITECT/ENGINEER INFORMATION *REQUIRED - INDIVIDUAL WHO SIGNED PLANS*

Business Name: MS Consultants, Inc Name: Charles M. Busch
 Street Address: 2221 Schrock Rd
 City: Columbus State: Ohio Zip Code: 43229
 Phone: (614) 898-7100 Email: cramondelli@msconsultants.com

BUILDING CHARACTERISTICS *(PLEASE SELECT, COMPLETE ALL THAT APPLY)*

Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
 Sprinkler System: NFPA 13 NFPA 13R None Fire Alarm System: Yes No Voice Evac

ADDITIONAL COMMERCIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Area of Construction: 2,346 sq ft Gross Area: 2,346 sq ft Height: ft # of Stories: 1
 Construction Classification(s): II-B Use Group: Business
 Was the tenant space previously occupied? Yes 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: Performance UA Alternative ERI 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

Mackenzie Guthrie 6/9/22
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY *CHECKS PAYABLE TO: DIRECTOR OF REVENUE OF HOWARD COUNTY*

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health Approved SHA CID
 SUBMITTAL FEES: 20.00 PAYMENT: 71 895.00 ACCEPTED BY: M. Guthrie