



Bureau of Environmental Health8930
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Maura J. Rossman, M.D., Health Officer

TO: Mercy Medical Center
C/O Sean Hughes
Sent via email to: shughes@hcm2.com

FROM: Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II

RE: 3290 North Ridge
Building Permit Number B23003947

DATE: November 11, 2023

This letter is in response to building permit **B23003947**. The building permit application and plans indicate that the proposed work includes x-ray related equipment that will need to be reviewed and registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions, you may contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been approved by this Department. I may be reached at (410) 313-1786 if you would like to discuss the project in more detail.

Respectfully,

Dana Bernard

Dana Bernard, REHS/RS
Environmental Specialist II
Well and Septic Program
Phone (410) 313-2775

Record Detail * (This section is required.)

Permit Type: Building/Commercial/Alteration/NA
 Permit Number: B23003947
 Opened Date: 09/28/2023

Description of Work
 MERCY MEDICAL CENTER/ INTERIOR ALTERATIONS TO INCLUDE CONSTRUCTION OF NEW INTERIOR WALLS, DOORS, AND NEW FLOORING. INTERIOR SPACES INCLUDE X-RAY IMAGING ROOMS AND VARIOUS EXAMINATION ROOMS. NEW MECHANICAL AND ELECTRICAL.

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 3290 Street Name NORTH RIDGE Street Type RD
 Unit Type -Select- Unit # X Coordinate -76.81824 Y Coordinate 39.28087
 City ELLICOTT CITY State MD Zip Code 21043 Primary Yes

Send MOE x-ray letter to applicants. *gls*

Parcel * (This section is required.)

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GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
899220	1180	6.25	2450200	11807400	9357200	ELLICO

Legal Description
 IMPSPAR A-1 6.251 A[]3300 NORTH RIDGE RD[]HO CTY EXEC CTR

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR A-1	602600	1	6		2	1

Plan Area: State Tax Id 1402292394, Subdivision Name
 Section: Area, Tax Map 24
 Grid: Zoning District POR, ADC Map 4815-K6
 SDP No.: SDP-99-132, Final Plan No. SDP-87-223, WP File No.
 Record Plat No.: 14000, WS Contract No., FDP No., Primary Yes
 Owner Occupied: Yes No, Year Built 1985, Historic District Yes No
 Historic District Registry No.: Stat Area 2-06, Flood Plain Yes No
 Building No

Owner (This section is not required.)

Search Reset Clear

Name * EXECUTIVE CENTER LLC
 Address Line 1 1205 YORK RD
 Address Line 2 PENTHOUSE ST
 Address Line 3
 Mail City LUTHERVILLE Mail State MD Mail Zip Code 21093
 Phone 410-583-8905 Primary Yes
 E-mail
 Cell Number Fax Number

Approved Septic System Plan
 Howard County Health Department
Rena Bernard 11-7-23
 Signature Date

Professionals (This section is not required.)

License # *
 21040018616
License Type *
 Architect
Primary
 Yes

Business Name
 N/A
First Name Middle Name Last Name
 SEAN HUGHES
Address Line 1
 223 W SEMINARY AVENUE
Address Line 2

City State ZIP Code
 LUTHERVILLE MD 21093-0000
Phone 1 Phone 2 Fax
 4434512412
E-mail
 SHUGHES@HCM2.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
 Applicant
Relationship
 Applicant
Primary
 No

First Name MI Last Name
 SEAN HUGHES
Full Name
 SEAN HUGHES
Organization Name
 HORD COPLAN MACHT
Street Address
 700 E. PRATT ST STE 1200
Address Line 2

City State Zip Code
 BALTIMORE MD 21202
Phone Cell Fax
 410-960-6968
E-mail *
 shughes@hcm2.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
 Contact
Relationship
 Licensed Professional
Primary
 Yes

First Name MI Last Name
 SEAN HUGHES
Full Name
 SEAN HUGHES
Organization Name
 T/B/D
Street Address
 223 W SEMINARY AVENUE
Address Line 2

City State Zip Code
 LUTHERVILLE MD 21093-0000
Phone Cell Fax
 4434512412
E-mail
 SHUGHES@HCM2.COM

Addl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned
 1200000 0 0 No
Construction Type
 437 - Additions, Alterations and Conversions - Commercial

COMMERCIAL ALTERATION

BUILDING INFORMATION

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

Roadside Tree Project Permit Roadside Tree Project Permit # Was Tenant Space previously occupied * Previous Use * Proposed Use * Assembly
 Yes No Yes No Business Business Yes No

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

Yes No
 Yes No
 Yes No

U & O Comments Expires On 05/01/2024

U&O Issued On Gross Area - Sq Foot Per Floor Area of Construction - SQ FT

SQFT 6586

[check spelling](#)

UTILITY INFORMATION

Water Supply * **Sewage Disposal** * **Utilities** * **Heating System** * **Geothermal** * **Sprinkler System** * **Fire Alarm**

Public Public Electric Natural Gas Yes No Full Yes No

GREEN BUILDING INFORMATION

Goal Level **Actual Level** **Leed Registration Number** **Date of Leed Certification**

--Select-- --Select--

Submit Cancel