



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B190004000

Building Address: 8880 GORMAN ROAD, SUITE 1
 City: LAUREL State: MD Zip Code: 20723
 Suite/Apt. # 100 SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: OFFICE, WAREHOUSE
 Proposed Use: OFFICE, WAREHOUSE
 Estimated Construction Cost: \$ 450,000

Description of Work: INTERIOR ALTERATION FOR NEW TENANT, NEW PARTITIONS, DOORS, PLUMBING, MECHANICAL, ELECTRICAL & TENANT EQUIPMENT

Occupant/Tenant Name: ANTENNA RESEARCH ASSOCIATES
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: PPF LPC 8880 GORMAN RD LLC
 Address: 200 MCKINNEY AVE, SUITE 1000
 City: DALLAS State: TX Zip Code: 75201
 Phone: 214-740-3300 Fax: 214-740-3447
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: DON MATTHEWS, JR.
 Address: 5537 TWIN KNOLLS RD, SUITE 435
 City: COLUMBIA State: MD Zip Code: 21045
 Phone: 410-730-2300 Fax: 410-730-2796
 Email: DONM@ARIUMAE.COM

Contractor Company: TBD
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: ARIUM AE LLC
 Responsible Design Prof.: STEPHANIE BOUNDS NUNN
 Address: 5537 TWIN KNOLLS RD #435
 City: COLUMBIA State: MD Zip Code: 21045
 Phone: 410-730-2300 Fax: 410-730-2796
 Email: STEPHANIE@ARIUMAE.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height: 30'	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: 2	Depth	Width
Gross area, sq. ft./floor: 123,000	1 st floor:	
Area of construction (sq. ft.): 33,400	2 nd floor:	
Use group: B, S1,F1	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:	
Roadside Tree Project Permit #	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities		RECEIVED NOV 20 2019 LICENSES & PERMITS DIVISION
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply		
<input checked="" type="checkbox"/> Public		
<input type="checkbox"/> Private		
Sewage Disposal		
<input checked="" type="checkbox"/> Public		
<input type="checkbox"/> Private		
Heating System		
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other:		
Sprinkler System:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Grading Permit Number:		
Building Shell Permit Number:		

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.

Torsten Meuschke
 Applicant's Signature
 torstenm@ariumae.com
 Email Address
 ARIUM AE LLC
 Title/Company

TORSTEN MEUSCHKE
 Print Name
 11.20.19
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	10/18/19	<u>Torsten Meuschke</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	200
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	7796



We also use some chemicals as part of our manufacturing process. All flammable chemicals are stored in locked metal fire-proof cabinets. See list below of chemicals used at ARA:

Material	Storage Method	Quantity On A Monthly Basis
Isoprep 188	Drum	1-3 gallons
Methyl Ethyl Ketone	Drum	.5 gallon
VT#10	Drum	3-5 gallons
2 part polyurethane paint	Gallon Cans	1 – 3 gallons
Iridite 14-2	Small drum	.5 gallon

Thank you for your time in this matter.

Sincerely,

Lori L. Kalata
Director, Human Resources

Attachment: ARA Chemical Materials Questionnaire



November 15, 2019

Howard County Department of inspections, Licenses and Permits
3430 Court House Drive
Ellicott City, MD 21043

RE:
Antenna Research Associates
8880 Gorman Road, Suite 100
Laurel, MD 20723

To Whom it May Concern:

The following information is provided in support of the application for building permit at the referenced address above.

At Antenna Research, we design, develop, and manufacture Antennas and RF Systems for both military and civilian applications. We supply antennas for Communication Networks, RF Surveillance, RF Jamming, Public Safety Networks, and Civilian markets, optimized for specific bands, as well as multi-octave antenna systems are available for fixed, mobile, and tactical applications. We have supplied tens of thousands of antennas for over 50 years.

Our normal business hours are primarily 6am to 6pm and maximum number of employees that will work on site would be approximately 85 to 100 people.

As part of our operations, we run the following specialty equipment:

- Thermal test chamber- thermal environmental testing
- Electrical industrial oven – adhesive curing
- Gas industrial oven – little use thermal testing
- Anechoic chamber – low power RF measurements
- Paint booth – painting ARA product

Our manufacturing operation has the following areas:

- Production – assembling antennas – electrical (cabling, PCB's) and mechanical (screws, bolts, packaging) assembly
- Machine Shop – Mill and Lathe work with aluminum, brass, some plastics and steel
- High Bay – very low power RF electrical testing – Positioning system testing

Our stock room will have racking not exceed 12'-0" above floor. We will use this area to store 3000+ electronic components used to build antennas, to include metal hardware (nuts, bolts, screws), cabling, packing materials, case protectors for our antennas to ship etc.

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Antenna Research

11850 Baltimore Ave, Suite H
Beltsville, MD 20705

Phone: 301.937.8888
Fax: 301-850-2108

www.ara-inc.com

Does the operation of your business require permits, a license, or plan approval from any of the following agencies?

- i U.S. Environmental Protection Agency
- City or County Sanitation District
- State Department of Health Services
- U.S. Nuclear Regulatory Commission
- Air Quality Management District
- Bureau of Alcohol, Firearms and Tobacco
- City or County Fire Department
- Regional Water Quality Control Board
- Any Laboratory Certification Agency (Indicate permit or license numbers, issuing agency, and expiration date or renewal date, if applicable.)

If your answer is yes to any of the above questions, please complete Sections V and VI.

V. Hazardous Materials Disclosure

Will any hazardous or toxic materials or substances be stored on site? Yes X No ___ If yes, please describe the materials or substances to be stored, quantities and proposed method of storage (i.e., drums, aboveground or underground storage tanks, cylinders, or other), and whether the material is a Solid (S), Liquid (L) or Gas (G):

Material	Storage Method	Quantity On A Monthly Basis
Isoprep 188	Drum	1-3 gallons
Methyl Ethyl Ketone	Drum	.5 gallon
VT#10	Drum	3-5 gallons
2 part polyurethane paint	Gallon Cans	1 – 3 gallons
Iridite 14-2	Small drum	.5 gallon

Attach additional sheets if necessary.

Is any facility modification required or planned to mitigate the release of toxic or hazardous substance or wastes into the environment? Yes ___ No X If yes, please describe the proposed facility modifications.

Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, December 18, 2019 3:35 PM
To: Lori Kalata
Cc: Bedolla, Catherine; Harper, Aphaia; Thompson, Vernon; donm@ariumae.com; Hyde, Trudy; Prager, Jay
Subject: RE: Project at 8880 Gorman Road - Permit No. B19004000

Ms. Kalata,

I have entered Health Department approval for your building permit. Be advised that a permit will likely be required from Maryland Department of the Environment, Air and Radiation Program, (410) 537-3000 for the paint spray booth. Contact MDE prior to installation and use of the paint spray booth.

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045

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From: Lori Kalata <lkalata@ara-inc.com>
Sent: Tuesday, December 17, 2019 2:24 PM
To: Davis, Michael J <mjdavis@howardcountymd.gov>
Cc: Bedolla, Catherine <CBedolla@hceda.org>
Subject: Project at 8880 Gorman Road - Permit No. B19004000

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Mr. Davis,

I spoke with Catherine Bedolla and she gave me your name to reach to regarding the above project. Our company has plans to move to 8880 Gorman Road in Laurel in late January. We have a very tight schedule to get in the facility as our lease is up in Beltsville on January 31, 2020. The building permit was submitted on November 20th. We are waiting on the building permit to be approved. There were additional questions on the chemicals used by our company which we've provided all of the data that was requested. In addition, we have a paint booth that will be moving to the new facility also. I was told due to the paint booth, that we need a health department review. Our architects – Arium AE has reached out to the health department for a status, but as of today, has not heard anything. I am hoping that we can get the review scheduled as soon as possible or expedite it if there is such a process due to the timing of this project.

I appreciate any help or status you can provide. I look forward to hearing from you.

Thank you,



Lori Kalata | Human Resources Director
O: 301-974-3237 | M: 716-704-5003 | F: 301-850-2108

www.ara-inc.com

11850 Baltimore Ave, Suite H | Beltsville, MD 20705
28 Riverside Drive | Pembroke, MA 02359

VI. Hazardous Waste Disclosure

Will any hazardous waste, including recyclable waste, be generated by the operation of your business? Yes ___ No ___ If yes, please state the hazardous waste that will be generated at the facility, its hazard class, and volume/frequency of generation on a monthly basis

Waste Name	Hazard Class	Volume/Month
Methyl Ethyl Ketone	H-0 F-3 R-0	.5 gallons
Isoprep 188	H-2 F-0 R-0	1-3 gallons
Iridite 14-2	H-3 F-0 R-2	<.5 gallons

If yes, please also describe the method(s) of disposal for each waste. Indicate where disposal will take place and the method of transportation to be used:

Safety Kleen picks up from site as needed

Is any treatment or processing of hazardous wastes to be conducted on site? Yes ___ No X
If yes, please describe proposed treatment/processing methods:

Which agencies are responsible for monitoring and evaluating compliance with respect to the storage and disposal of hazardous materials or wastes at or from the Premises?

(Please list all agencies)

None

Has an environmental audit ever been conducted at any of your company's existing facilities?
Yes ___ No X If yes, please describe:

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Hazardous Materials Program

Does your company carry environmental impairment insurance? Yes ___ No ___ . If yes, what is the name of the carrier and what are the effective periods and monetary limits of that coverage?

FBD

This Hazardous Materials Questionnaire is certified as being true and accurate and has been completed by the party whose signature appears below on behalf of Tenant as of the date set forth below.

Dated: 8-21-19 Signature: _____

Print Name: Dan Degutis

Title: Product Director