

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Commercial/Alteration/NA	B24000964	03/21/2024

**Description of Work**  
 SUITE 230 / UNITED UROLOGY/ PROPOSED WORK INCLUDES ADDING A TOILET, LAVATORY AND EXHAUST FAN TO PLUMBING AND HVAC ROUGH-INS THAT WERE PROVIDED UNDER THE ORIGINAL BUILDING CONSTRUCTION. A DOOR AND WALL WILL BE ADDED TO CREATE A TOILET AT THE EXISTING PLUMBING AND HVAC ROUGH-IN AREA TO CREATE A NEW TOILET ROOM. 2 DOORS IN A HALL ARE TO BE REMOVED AND RELOCATED AND ONE DOOR IN AN EXISTING TOILET IS TO BE REMOVED AND THE WALL OPENING INFILLED WITH METAL STUD AND GYP. BD. A DOOR IS TO BE ADDED TO AN OPEN OFFICE AND SOME MILLWORK IS TO BE REMOVED FROM TWO ROOMS WITH THE WALLS TO BE PATCHED AND PAINTED. AN INTERCOM AND DOOR RELEASE WILL BE ADDED TO ONE ENTRY DOOR.

[check spelling](#)

Address \* (This section is required.)

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Street #	Street Name	Street Type
10710	CHARTER	DR
Unit Type	Unit #	X Coordinate
STE	230	-76.88238
City	State	Zip Code
COLUMBIA	MD	21044

*Sent new letter approved*

Parcel \* (This section is required.)

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GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059951	386	6.41	2652500	49729100	47076600	COLUMB

**Legal Description**  
 IMPSPAR A-3, 6.41 A. & [ ] CHARTER DR [ ] TOWN CENTER S8 A4 RSB

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	A-3	605602	4				
<b>Plan Area</b>		<b>State Tax Id</b>	<b>Subdivision Name</b>				
		1415065087	HC General Hospital Town Ce				
<b>Section</b>		<b>Area</b>	<b>Tax Map</b>				
			35				
<b>Grid</b>		<b>Zoning District</b>	<b>ADC Map</b>				
		NT	4934-J6				
<b>SDP No.</b>		<b>Final Plan No.</b>	<b>WP File No.</b>				
		F-08-053					
<b>Record Plat No.</b>		<b>WS Contract No.</b>	<b>FDP No.</b>	<b>Primary</b>			
				Yes			
<b>Owner Occupied</b>		<b>Year Built</b>	<b>Historic District</b>				
		2009	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Historic District Registry No.</b>		<b>Stat Area</b>	<b>Flood Plain</b>				
		5-13A	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Building No</b>							

Owner (This section is not required.)

Search Reset Clear

**Name**  
 C/O WELLTOWER INC

**Address Line 1**  
 5450 KNOLL NORTH DR, SUITE 370

**Address Line 2**

**Address Line 3**

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
COLUMBIA	MD	21045
<b>Phone</b>	<b>Primary</b>	
202-235-6787	Yes	
<b>E-mail</b>		
rmurillo@welltower.com		
<b>Cell Number</b>	<b>Fax Number</b>	

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

**License #** 21040007740  
**Business Name** MARK D PAVEY, AIA-ARCHITECT  
**License Type** Architect  
**Primary** Yes  
**Address Line 1** PO BOX 1365  
**Address Line 2**  
**City** GULF SHORES **State** AL **ZIP Code** 36547-0000  
**Phone 1** 0000000000 **Phone 2** **Fax**  
**E-mail** CHILD.DESIGN@MINDSPRING.COM

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

Search As Owner As Lic. Prof As Contact

**Type** Applicant  
**Relationship** Applicant  
**Primary** No  
**First Name** MARK **MI** **Last Name** PAVEY  
**Full Name** MARK PAVEY  
**Organization Name** MARK D PAVEY, AIA-ARCHITECT  
**Street Address** PO BOX 1365  
**Address Line 2**  
**City** GULF SHORES **State** AL **Zip Code** 36547-0000  
**Phone** 0000000000 **Cell** **Fax**  
**E-mail** CHILD.DESIGN@MINDSPRING.COM

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

Search As Owner As Lic. Prof As Contact

**Type** Contact  
**Relationship** Licensed Professional  
**Primary** Yes  
**First Name** Douglas **MI** **Last Name** McNab  
**Full Name** Douglas McNab  
**Organization Name** Mark D. Pavey, A.I.A.- Architect  
**Street Address** PO Box 1365  
**Address Line 2**  
**City** Gulf Shores **State** AL **Zip Code** 36547  
**Phone** 334-558-5171 **Cell** 334-558-5171 **Fax**  
**E-mail** dmcnab@crcarch.com

**Addtl Info**

**Est Construction Cost** 150000 **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--  
**Roadside Tree Project Permit**  Yes  No **Roadside Tree Project Permit #** **Was Tenant Space previously occupied**  Yes  No **Previous Use** DOCTORS OFFICE **Proposed Use** DOCTORS OFFICE **Assembly**  Yes  No  
**Tenant** **Shell Permit Number** **Use Group** **Construction Type** **Interior Completion**

UNITED BIOLOGY  
Minor Alteration  Yes  No  
Downtown Tax Square Footage  
State Certified Module  Yes  No  
Health Care  
No of Stories  
Height  
Plan Submittal  
IIA Protected Non-Combustible  
Electronically by Invitation from Proj  
Expires On Date  
09/29/2024  
U & O Comments  
U&O Issued On  
check spelling  
Gross Area - Sq Foot Per Floor  
Area of Construction - SQ FT  
SQFT 4237

UTILITY INFORMATION

Water Supply  Sewage Disposal  Utilities  Heating System  Geothermal  Sprinkler System  Fire Alarm  
Public  Public  Electric  Other - See Desc  Yes  No Full  Yes  No

GREEN BUILDING INFORMATION

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

Submit Cancel