



Office of the Health Officer

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Maura J. Rossman, M.D., Health

December 9, 2025

TO: Ms. Kelly Simmers
(Applicant)

6230 Old Dobbin Land
Columbia, MD 21045

Sent via email to: kelly@permitgem.com

RE: Building Permit # B25005085
8894 Stanford Blvd
Columbia, MD 21045

Dear Ms. Simmers:

This letter is in response to building permit **B25005085**. 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 Date 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) 313-2775 if you would like to discuss the project in more detail.

Respectfully,

Dana Bernard

Dana Bernard,
Environmental Health Specialist II, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case # EH-PLANS-25-0
Type EnvHealth/Environmental Health/Plan Check/Application

Online BP.
g8 11/24/25

Status In Review
Opened Date 11/21/2025
Single Entry Edit-View Record Form

Application Name B25005085
Description *CCS APPROVED*SUITE 250//Interior alterations for two doctors in suite 250 to share one suite to include mechanical, electrical and finishes. 1st Doctor - Sleep Services of Maryland/Dr. Yash Mehndiratta 2nd Doctor - Capital Cardiology Care/Dr. Pankaj Lal
Owner:

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Assigned to Department Current Department Well and Septic Progr...
Assigned to Staff Current User Zack Silvast

Address * (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 6230, Old Dobbin, LN, Colu..., MD, 21045

Parcel (This section is not required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Row 1: 0 record(s) found.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Re. Row 1: Old Dobbin Owner LLC, 1414 Key Hwy., Baltimore, MD, 21230, US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant Primary Yes
First Name * Kelly
Middle Name
Last Name * Simmers
Home Phone ((xxx)xxx-xxxx)

Approved Septic System Plan
Howard County Health Department
D. Bernard 12-9-25
Signature Date

Organization Name *

Permit Gem LLC

Mobile Phone ((xxx)xxx-xxxx)
(443) 314-7605

E-mail
kelly@permitgem.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel
--Select--

Applicant Address

| <input type="checkbox"/> Contact Address ID | Address Type | Address Line 1 | City | State | Zip | Primary | Recipient | Status |
|---|--------------|----------------|------|-------|-----|---------|-----------|--------|
| 0 record(s) found. | | | | | | | | |

Custom Fields

DATE TRACKING

Received Date: 11/20/2025

Due Date: 12/9/2025

Dates to Complete: 14 (Number)

Received by Food: []

Food Review Type: --Select--

Equipment Specification Sheet: []

Equipment Specification Sheets Submitted: []

Received by Community Hygiene: []

Received by Well and Septic: 11/20/2025

FACILITY INFORMATION

Name of Business (dba) *: n/a (Text)

Associated Building Permit Number: [] (Text)

Owner Switch Date: []

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Yes No

Does the project include Private Septic? If Yes, forward to WS Program.
 Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Facility Fax: 0 (Text)

Days of Operation: 0 (Text)

Does this project have a Building Permit?
 Yes No

Building Permit Issued Date: []

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.
 Yes No

Does the project include Food Services? If Yes, forward to FP Program.
 Yes No

Facility Phone: 0 (Text)

Facility Email: 0 (Text)

PROPERTY INFORMATION

Water Source: Public

Design Wastewater Flow: [] (Number)

Sewage Disposal: Public

Permit Type: --Select--

DEVELOPMENT PLANS

Property Type: Commercial

Signature Required: Yes No

Number of paper copies: 0 (Number)

Number of buildable lots created: []

Plan Version: Initial

Engineer: 0 (Text)

Number of mylar copies: 0 (Number)

Number of non-buildable lots created: []

| | |
|--|--|
| <input type="text" value="0"/> (Number) | <input type="text" value="0"/> (Number) |
| Total Number of Lots | Associated Plans |
| <input type="text" value="0"/> (Number) | <div style="border: 1px solid black; height: 40px;"></div> |

WELL AND SEPTIC INTERNAL

State Review Required Yes No Coordinate State Review Yes No

Proposed Septic System Type
--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment Licensed Type

License Category

FOOD ESTABLISHMENT INFORMATION

Hours of Operation (Text) Operating Seasonally Only

If Operating Seasonally, What is the start month? (Text) Are pets allowed in a outdoor seating area? Yes No

Full Bar? Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category Total Seating Capacity (Number)

Number of Restrooms (Number) Interior Restaurant Seating Capacity (Number)

Bar Seating Capacity (Text) Outdoor Seating Capacity (Text)

Does the restaurant have outdoor seating Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards Yes No Description of Refrigeration Units

Number of Walk-In Refrigerator Units (Number) Description of Walk-In Freezer Units (Text)

Is there a bulk ice machine available Yes No Space Limitation

Number of Hand Sinks Available (Number) Hood System (Text)

Ventless Equipment (Text)

PLUMBING

Size and installation of the water heater? (Text) Is there a grease interceptor or grease trap?

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? Will there be a grease receptacle?

WAREWASHING DISHWASHING

Dishwashing Method

HACCP

Plan Review Response Letter Received Yes No Date HACCP Approved by the State

Date HACCP Plan Submitted HACCP Plan Approved