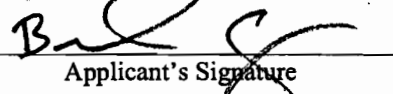


Logged in Permit

<b>DEPT. OF INSPECTIONS, LICENSES AND PERMITS</b> 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		B06006575 <b>PERMIT NUMBER</b>	
Building Address <u>7351 Assateague Drive</u>			Property Owner's Name <u>Atlantic Reality</u> Address <u>8510 Leesburg Pike, Suite 100</u> City <u>Vienna</u> State <u>VA</u> Zip Code <u>22182</u> Home Phone _____ Work Phone <u>703-760-9500</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Heath Design Group Inc.</u> <u>Brandon Q. Casey, AIA</u> <u>316 N. Charles St., Suite 200</u> <u>Baltimore, MD 21201</u> Phone <u>(410) 752-2700</u> Fax <u>(410) 752-2752</u>		
Suite/Apt. #: <u>3040</u> SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____			Contractor Company <u>T.B.D.</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Existing Use <u>New Construction - None</u> Proposed Use <u>A-2</u> Estimated Construction Cost \$ <u>100,000</u> Description of Work <u>Interior build out for restaurant.</u> <u>B00152322</u> Occupant or Tenant <u>Jerry's Subs &amp; Pizza</u> Contact Name <u>Jay Ryan</u> Address <u>15942 Shady Grove Road</u> City <u>Gaithersburg</u> State <u>MD</u> Zip Code <u>20877</u> Phone <u>(301) 921-8777</u> Fax <u>(301) 948-3508</u>			Engineer or Architect Company <u>Heath Design Group</u> Contact Person <u>Brandon Q. Casey, AIA</u> Address <u>316 N. Charles St., Suite 200</u> City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21201</u> Phone <u>(410) 752-2700</u> Fax <u>(410) 752-2752</u>		

<b>BUILDING DESCRIPTION - COMMERCIAL</b>		<b>BUILDING DESCRIPTION - RESIDENTIAL</b>	
<b>Building Characteristics</b> Height: <u>20'-0"</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>1,574 USF.</u> Use group: <u>A2 RESTAURANT</u> Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

  
 Applicant's Signature  
HEATH DESIGN GROUP INC  
 Title/Company

BRANDON Q. CASEY  
 Print Name  
10/18/06  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***  
**- FOR OFFICE USE ONLY -**

<b>AGENCY DATE SIGNATURE APPROVAL</b> Land Development, DPZ _____ State Highways _____ Building Officials _____ Dev. Engineering, DPZ _____ Health <u>11/1/06</u> <u>[Signature]</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	<b>DPZ SETBACK INFORMATION PROPERTY ID #</b> Front: _____ Filing fee \$ _____ Rear: _____ Permit fee \$ _____ Side: _____ Excise tax \$ _____ Side St.: _____ Add'l per fee \$ _____ All minimum setbacks met? TOTAL FEES \$ _____ YES <input type="checkbox"/> NO <input type="checkbox"/> Sub-total paid \$ _____ Historic District? Balance due \$ _____ YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____ Lot Coverage for New Town Zone Validation # _____ SDP/Red-line approval date _____
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Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA