



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: 1-22-15

Permit No.: B15000243

Building Address: 5885 ROBERT CURVE PLACE
City: COLUMBIA State: MD Zip Code: 21045
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: A-3 INTERFAITH CENTER
Proposed Use: SAME
Estimated Construction Cost: \$ 96,000
Description of Work: RENOVATE & EXPAND 980 SF
MEETING ROOM/UPGRADE HVAC/
INSTALL GLAZED PARTITION
Occupant or Tenant: OAKLAND MILLS INTERFAITH INC
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: MIKE SHAW (Bldg. Manager)
Address: 5885 ROBERT CURVE PLACE
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410 730 4090 Fax:
Email: mshaw@ominterfaith.org

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: ONE	Depth Width
Gross area, sq. ft./floor: 31200	1 st floor:
Area of construction (sq. ft.): 980 SF	2 nd floor:
Use group: A-3	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: OAKLAND MILLS INTERFAITH INC
Address: 5885 ROBERT CURVE PLACE
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410-730-4090 Fax:
Email: mshaw@ominterfaith.org

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: DONALD TAYLOR AIA
Address: 5024 DORSEY HALL DR
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 410 964-1181 Fax: 410 997-2924
Email: dtaylor@dtaylor.com

Contractor Company: MULLAN CONTRACTING CO
Contact Person: PETE SUTCLIFFE
Address: 2330 W JOPPA RD SUITE 210
City: LUTHERVILLE State: MD Zip Code: 21093
License No.:
Phone: 410 494-9200 Fax:
Email: psutcliffe@mullanej.com

Engineer/Architect Company: dtaylorassoc inc
Responsible Design Prof.: DONALD TAYLOR
Address: 5024 DORSEY HALL DR
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 410 964-1181 Fax: 410-997-2924
Email: dtaylor@dtaylor.com

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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.

Applicant's Signature: Donald Taylor
Email Address: dtaylor@dtaylor.com
Title/Company: ARCHITECT dtaylorassoc

Print Name: DONALD TAYLOR
Date: 1.21.15

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	2/2/15	H. Oswald

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	#

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

NOTE: All per city since only 6 seats remaining to code new