

Building Permit Application

Howard County Maryland

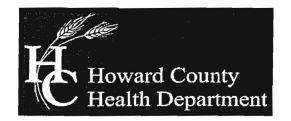
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455 www.howardcountymd.gov

Date Received:	5-19-15

Permit No.: 815002015

ilding Address: 5900 Wate	erloo Road	d		Property Owner's Name: Re		
y: Columbia			45	Address: 1922 Greenspring	Drive	71- C- I 01000
ite/Apt. #_120			* }	City: Timonium St	ate: <u>IVID</u> Fa	
				Email: N/A		71 11/27
nsus Tract: <u>606605</u>			I .			
ction:				Applicant's Name & Mailing A Applicant's Name: Erin E Kilb		ther than stated herein)
x Map: <u>37</u>	Parcel:	Grid:		Address: 320 N George Stree	et, Suite 100	)
ning: Map (	Coordinate	s: Lot Size:		City: York	State: PA	Zip Code: <u>17401</u>
		<del></del>		Phone: 717-815-8522	Fax: <u>·71</u>	7-852-0916
isting Use: <u>N/A</u>				Email: ekilby@lscdesign.cor		
oposed Use: B, Ambulator	y Health (	Care		Contractor Company: Kinsley	Construction	on
timated Construction Cost: \$	\$ 1,395,0	00		Contact Person: Paul Shirk	DOD 0	
escription of Work: Interior	Fit-Out of	Ambulatory Surgery Ce	nter	Address: 2700 Water Street,		
		7 .		City: York State		Zip Code:
9				Phone: 717-741-8704	Fax: N	I/A
			×	Email: pshirk@rkinsley.com		
ccupant or Tenant: Univers	ity of Mar	yland Faculty Physicians	s Inc.			
as tenant space previously o	occupied?	□Yes	⊠No	Engineer/Architect Company:	· LSC Desi	gn
ontact Name: Bill Wolfe	1	•		Responsible Design Prof.: Rob	pert Kinsley	
ddress: 419 W Redwood S		te 080		Address: 320 N George Stre		
			1201			
ity: Baltimore			1201	City: York State		
hone: <u>443-986-2552</u>		Fax: <u>N/A</u>		Phone: 717-324-2135	Fax: <u>7</u>	17-852-0916
mail: <u>bwolfe@fpi.umarylar</u>	nd.edu_			Email: rkinsley@lscdesign.c	om	-0.4
Commercial Building Charac	tarieties	Paridonsial Pull-line Cl	ractoristi	Utilities		ZHELDING THE EXPLORES HERE
Height: 37'-4"	teristics	Residential Building Cha		Water Supply		
No. of stories: 2		Depth	Width	☐ Public		
Gross area, sq. ft./floor:		1 <sup>st</sup> floor:		☐ Private		
26,505 SF/Floor		2 <sup>nd</sup> floor:		Sewage Disposa	í	and the many of the
Area of construction (sq. ft.): 9,305 SF		Basement:	ž.	☑ Public	<u>'</u>	
Jse group:		☐ Unfinished Basement		☐ Private		
Business (B)		☐ Crawl Space		30000 17 20 00 000000	] No	
Construction type:		☐ Slab on Grade			] No	(100 f. 100 f
Reinforced Concrete		No. of Bedrooms:		Heating System		A COURT OF THE PARTY OF THE PAR
XI Structural Steel  ☐ Masonry	-	Multi-family Dwe	elling	⊠ Electric    □ Oil	-	
☐ Wood Frame		No. of 1 BR units:		☐ Natural Gas ☐ Propane	e Gas	
☐ State Certified Modular		No. of 2 BR units:		☐ Other:		
	`	No. of 3 BR units:		Sprinkler System	<u>ı:</u>	
		Other Structure:		⊠ Yes □ No		
Roadside Tree Project P	Permit	Dimensions: Footings:				and the same of th
□Yes ⊠N	lo	Roof:		Grading Perr	nit Number:	
Roadside Tree Project Pe	rmit#	☐ State Certified Modula	ar			
		☐ Manufactured Home	\$ 3E	Building Shell Perr	nit Number:	B12002353
THE UNDERSIGNED HEREBY CERTIFIE	Dan	S AS FOLLOWS: (1) THAT HE/SHE	IS AUTHORIZED TO	MAKE THIS APPLICATION; (2) THAT THE IN	FORMATION IS O	CORRECT: (3) THAT HE/SHE WILL COM
WITH ALL REGULATIONS OF HOWAR	D COUNTY W	HICH ARE APPLICABLE THERETO;	(4) THAT HE/SHE W	VILL PERFORM NO WORK ON THE ABOVE F	REFERENCED PRO	OPERTY NOT SPECIFICALLY DESCRIBED
THIS AFFEIGATION, (S) THAT REJSHE		NTT OFFICIALS THE RIGHT TO ENT		rin E Kilby	HE WORK PERIVII	TIED AND POSITING NOTICES.
Applicant's Signature				rint Name		
ekilby@lscdesign.com	98		05	5/19/2015		
Email Address	-			ate		
Project Manager/LSC D	esign		_			
	*		DIF - c-	TIMENOT OF THE PARTY OF THE PAR		
Title/Company				FINANCE OF HOWARD COUNTY ATLY & LEGIBLY**		
Title/Company			-FØR(ØFFICI		450	10 No.
Title/Company			THE PERSON NAMED IN COLUMN TWO IS NOT THE PARTY.	movement of the supering and the supering superi	Filing Fee	\$ 200
	DATE	GNATURE OF APPROVAL	DPZ SETBACK	CINFORMATION		
AGENCY	DATE SI	GNATURE OF APPROVAL	DPZ SETBACK Front:	CINFORMATION	Permit Fe	e \$
AGENCY State Highways	DATE SI	GNATURE OF APPROVAL	Front: Rear:	KINFORMATION	Permit Fe Tech Fee	se \$
AGENCY State Highways Building Officials	DATE SI	GNATURE OF APPROVAL	Front:	KINFORMATION	Permit Fe	se \$
AGENCY. State Highways Building Officials PSZA ( Zoning )	DATE SI	GNATURE OF APPROVAL	Front: Rear: Side: Side St.: All minimum	setbacks met? ☐ Yes ☐ No	Permit Fe Tech Fee Excise Tax PSFS Guaranty	se \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
AGENCY. State Highways Building Officials PSZA ( Zoning ) PSZA ( Engineering )	DATE SI	GNATURE OF APPROVAL	Front: Rear: Side: Side St.: All minimum Is Entrance P	setbacks met?	Permit Fe Tech Fee Excise Ta) PSFS Guaranty Add'l per	se \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
AGENCY. State Highways Building Officials PSZA ( Zoning )	13/5 0	W.O.	Front: Rear: Side: Side St.: All minimum Is Entrance P Historic Distr	setbacks met?	Permit Fe Tech Fee Excise Tax PSFS Guaranty	se \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

 $T: \verb|\Operations| Updated Forms \verb|\Building applmp 8.2012.docx| \\$ 



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

June 3, 2015

Erin Kilby 320 N George St, Ste 100 York, PA 17401

RE: B15002015

5900 Waterloo Rd Columbia, MD 21045

To Whom It May Concern:

This letter is in response to building permit B15002015. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department. I may be reached at 410 313-1771 if you would like to discuss the project in more detail.

Respectfully

Jeff Williams

Program Manager, Well & Septic Program

Bureau of Environmental Health