



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: 10/11/16

Permit No.: B160004484

Building Address: 8300 STANTON DR
City: Jessup State: MD Zip Code: 20794
Suite/Apt. # SDP/WP/BA #: SDP-99-102
Census Tract: 606901 Subdivision: 20th WYCH, WYCH RD
Section: Area: Lot: PARE 1
Tax Map: 48 Parcel: Grid: 48-1
Zoning: L-11 Map Coordinates: Lot Size:

Existing Use: ~~Commercial Office~~ Lab
Proposed Use: Lab
Estimated Construction Cost: \$ 500
Description of Work: Just Reloc of Lab
XRAY EQUIPMENT INTERIOR ONLY
PHASE A
Occupant or Tenant: The Lab
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: GARY T. CAMPBELL
Address: 10225 GOLFVIEW RD
City: Jessup State: MD Zip Code: 20794
Phone: 240 456 7112 Fax:
Email:

Property Owner's Name: L. P. CAMPBELL
Address: 1554 GOLFVIEW RD
City: Jessup State: MD Zip Code: 20794
Phone: 410 560 0300 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: GARY T. CAMPBELL
Address: 10225 GOLFVIEW RD
City: Jessup State: MD Zip Code: 20794
Phone: 240 456 7112 Fax:
Email:

Contractor Company: THOMAS G. CAMPBELL
Contact Person: GARY T. CAMPBELL
Address: 10225 GOLFVIEW RD
City: Jessup State: MD Zip Code: 20794
License No.: N/A
Phone: 240 456 7112 Fax:
Email:

Engineer/Architect Company: C. T. CAMPBELL
Responsible Design Prof.: DAVID G. GAUDREAU
Address: 20251 GOLFVIEW RD
City: Jessup State: MD Zip Code: 20794
Phone: 277 971 4227 Fax: 240 560 6326
Email:

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	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

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input 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 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: [Signature]
Email Address: [Signature]
Title/Company: [Signature]

Print Name: DAVID G. GAUDREAU
Date: 9/20/2016

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	11/1/16	[Signature]

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	\$ 200.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 2178

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



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

Nov. 1, 2016

RE: B16004484
8300 Stayton Dr.
Jessup, MD 20794

To Whom It May Concern:

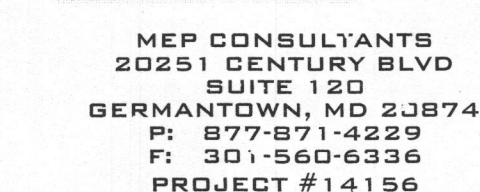
This letter is in response to building permit B16004484. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. 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 410-313-6357 if you would like to discuss the project in more detail.

Respectfully,
Robert Freemon

Well & Septic Program
Bureau of Environmental Health

*Emailed to
giniaihorn@thorlabs.com
RAE*



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KEAST & HOOD

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WWW.KEASTHOOD.COM

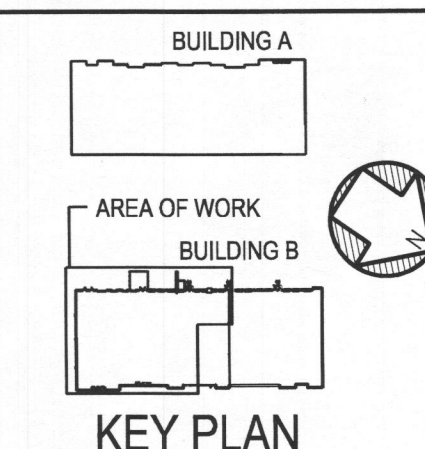
CIVIL:

 KCI TECHNOLOGIES INC
11850 WEST MARKET PLACE
FULTON, MD 20759
410.792.8086
CORPCOM@KCI.COM

LIFE SAFETY:

 **JENSEN HUGHES**
Building a sustainable tomorrow

HUGHES ASSOCIATES
3610 COMMERCE DRIVE
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410.737.8677
WWW.HAIFIRE.COM

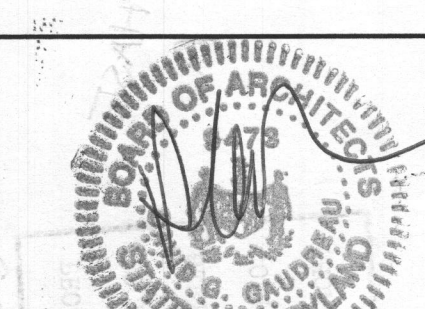


PROJECT NAME:
THORLABS
STAYTON DR.
CLEANROOM
FACILITY
- PHASE A

PROJECT ADDRESS:

8300 STAYTON DR,
JESSUP, MD 20794

SCALE:	AS INDICATED
DRAWN BY:	
CHECKED BY:	
JOB NO.:	1415
ISSUED FOR:	
PHASE A PERMIT	04.30.2019
PERMIT RESUBMISSION	07.15.2019
FOR CONSTRUCTION	08.07.2019
REVISION 1	09.23.2019
REVISION 2	10.05.2019
REVISION 3	10.19.2019
REVISION 4	10.27.2019
REVISION 5	12.10.2019
REVISION 6	04.28.2019



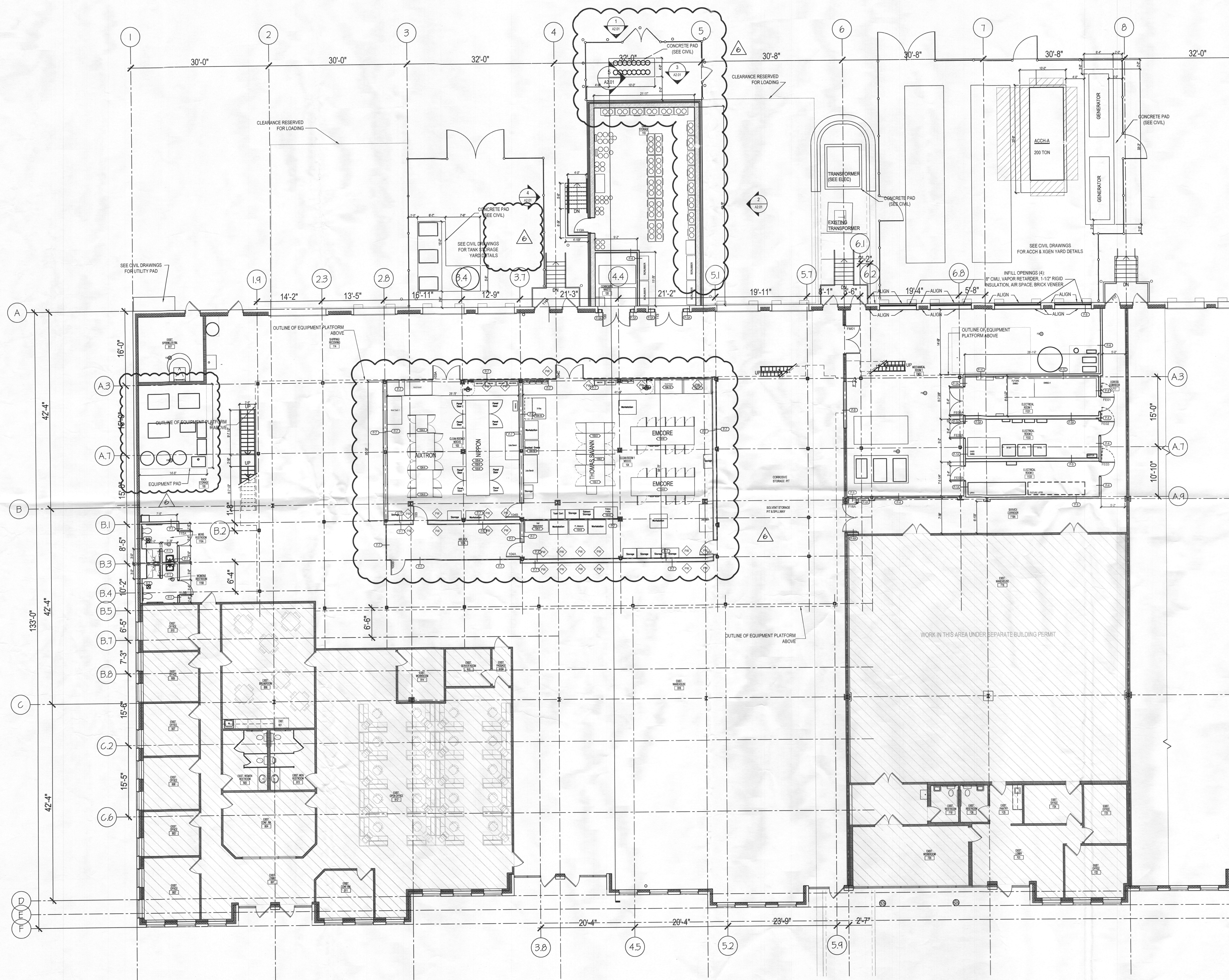
Professional Certification: I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland.
License No.: 9473 Expiration Date: 4/7/2017

DRAWING TITLE

FIRST FLOOR PLAN
PHASE A

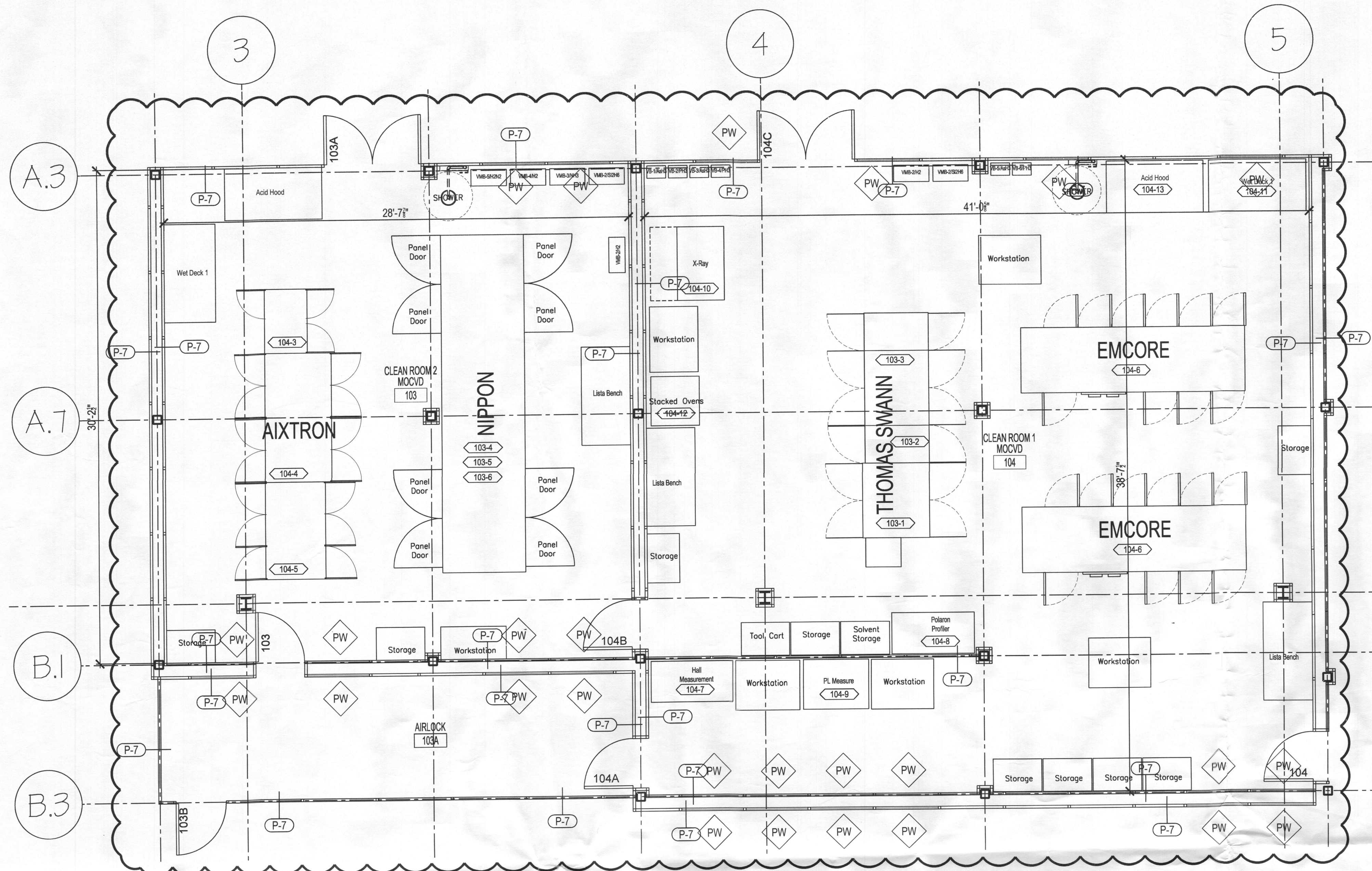
DRAWING NUMBER

A1.01

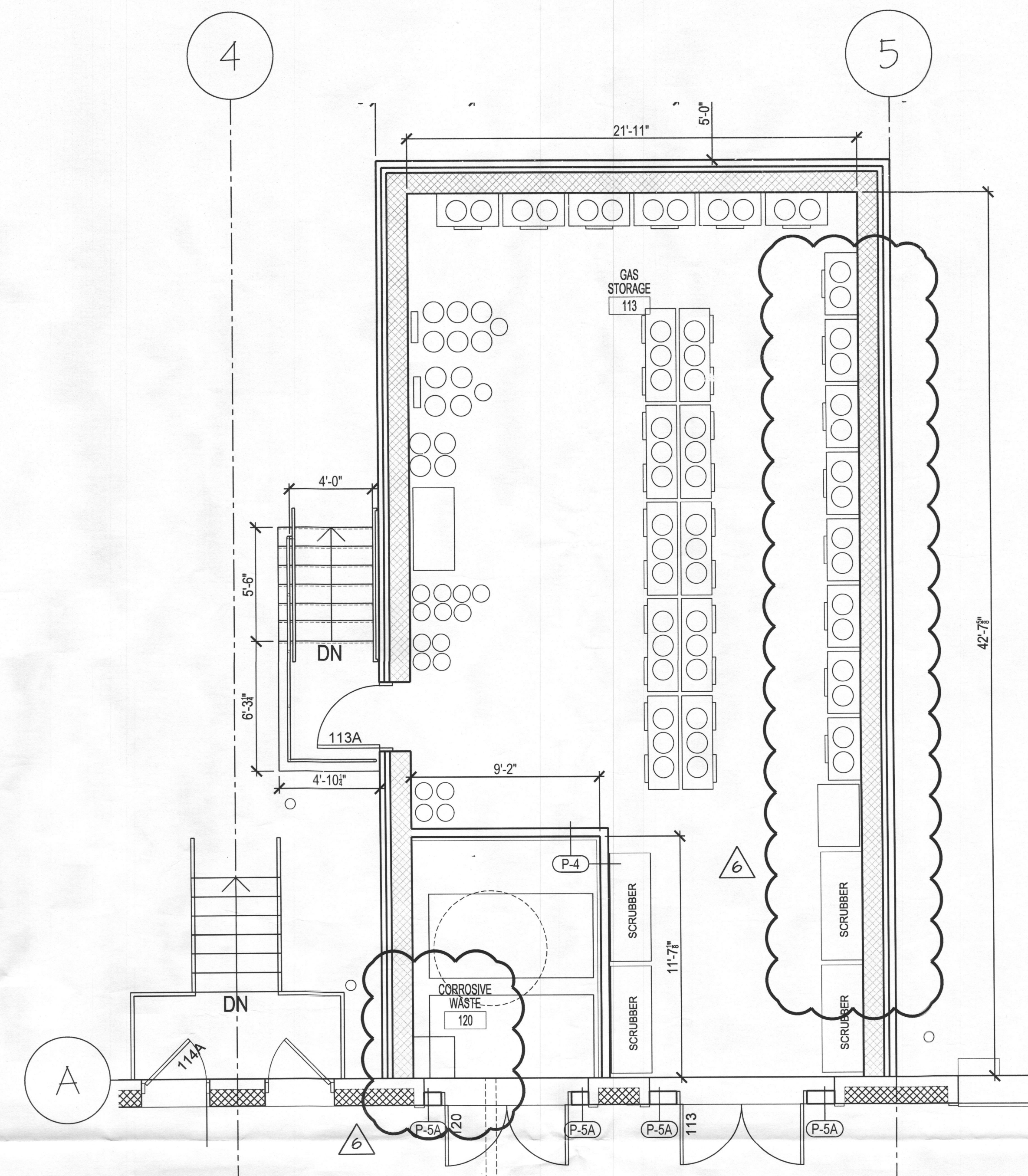


1 FIRST FLOOR PLAN
A1.01 1/8" = 1'-0"

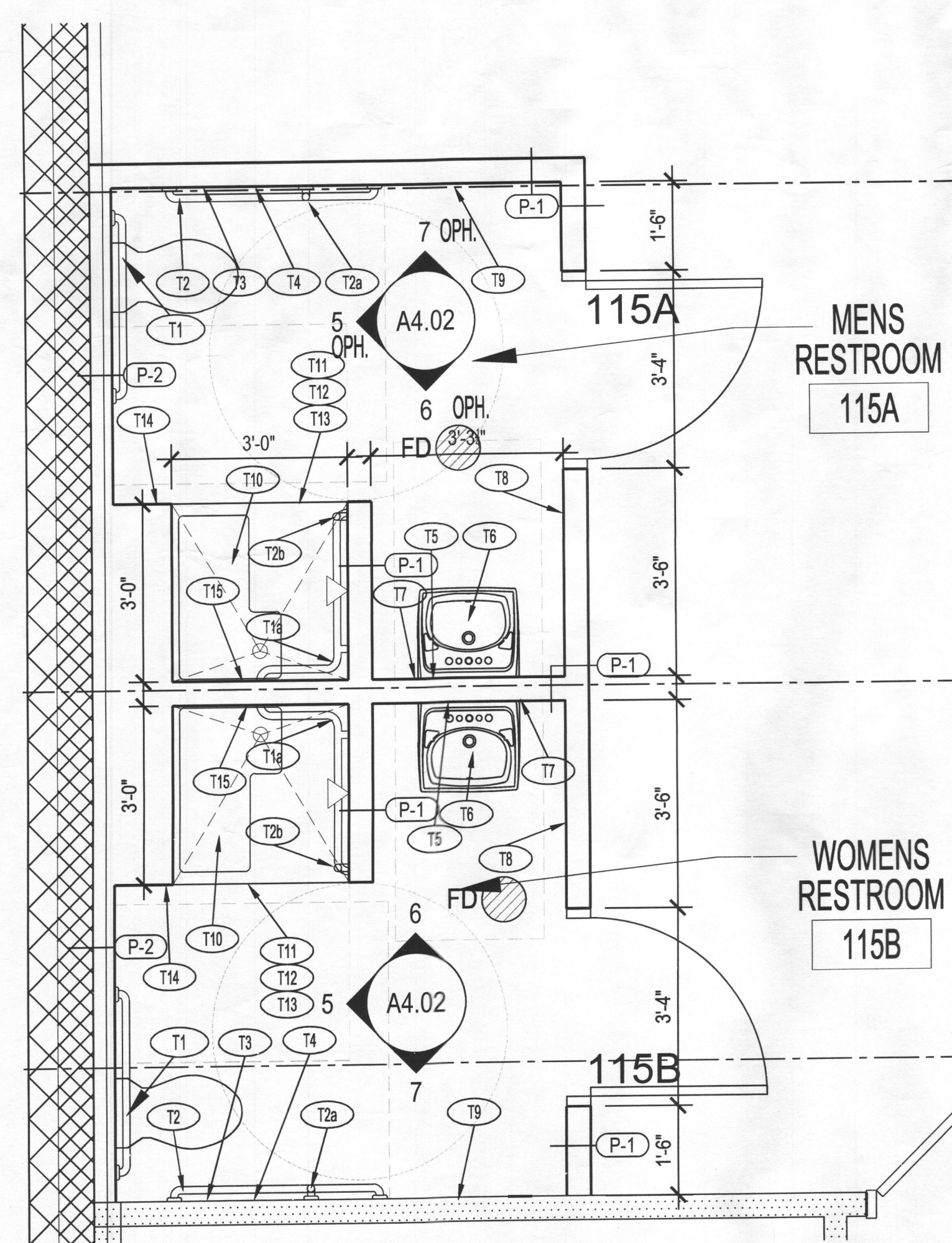
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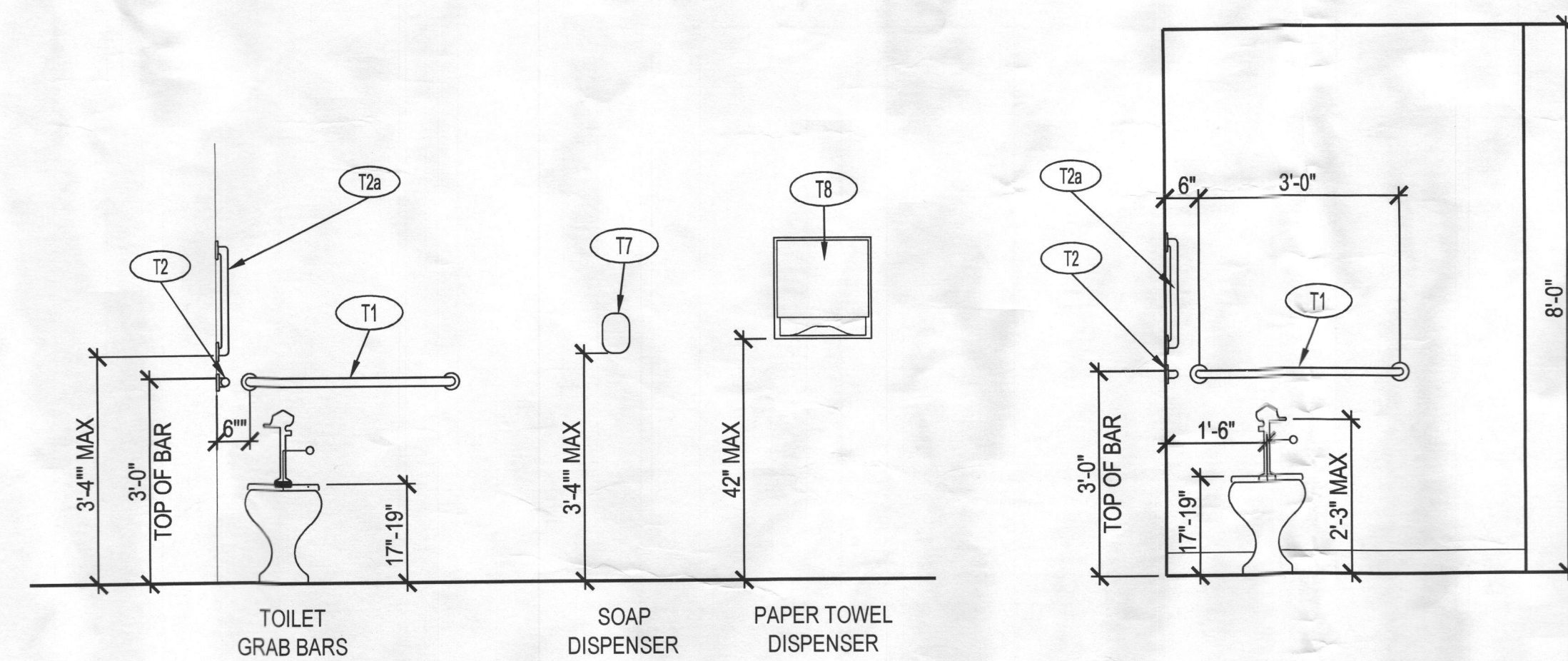
1 ENLARGED CLEAN ROOMS PLAN
A4.02 1/4" = 1'-0"



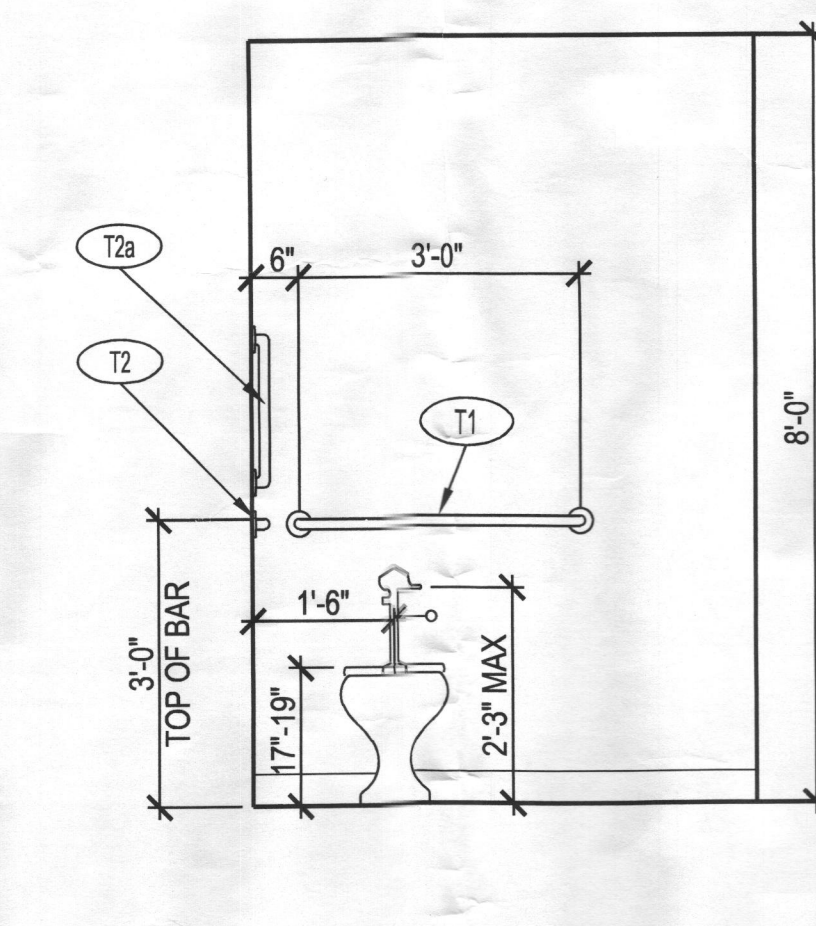
2 ENLARGED GAS STORAGE PLAN
A4.02 1/4" = 1'-0"



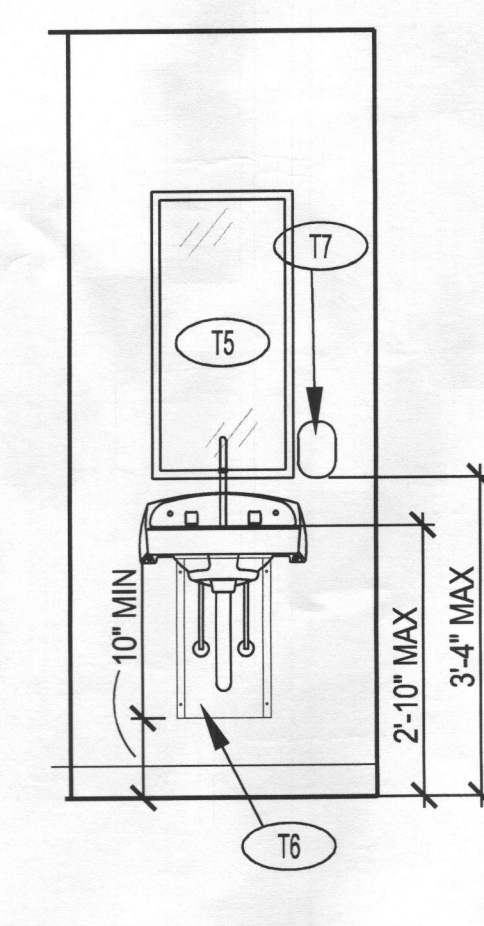
3 ENLARGED RESTROOMS PLAN
A4.02 1/2" = 1'-0"



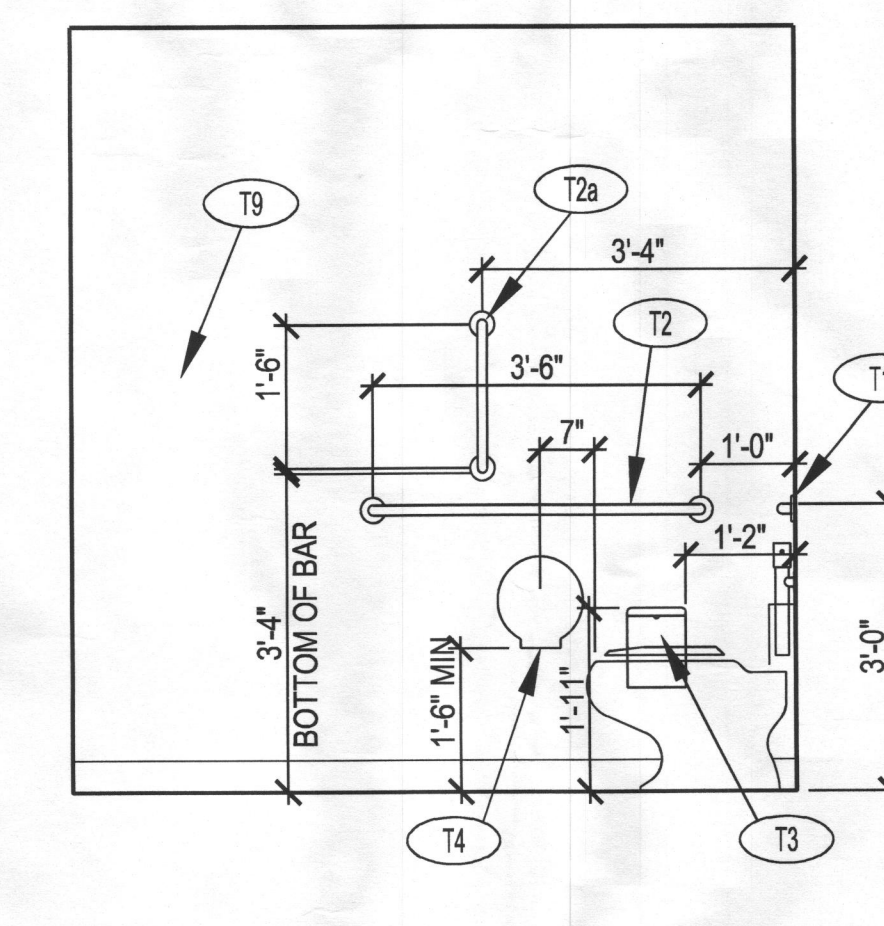
4 MOUNTING DIMENSIONS (TYP)
A4.02 1/2" = 1'-0"



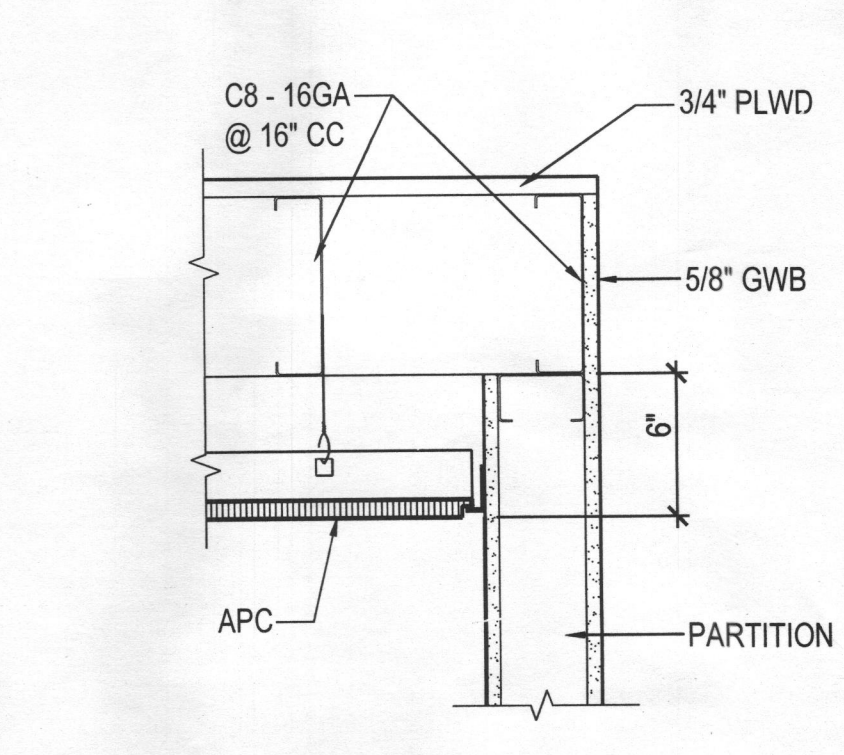
5 INTERIOR ELEVATION
A4.02 1/2" = 1'-0"



6 INTERIOR ELEVATION
A4.02 1/2" = 1'-0"



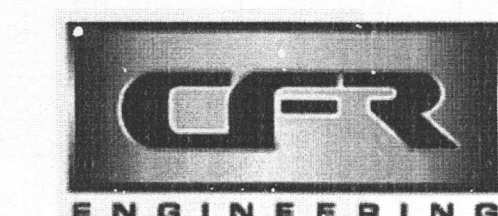
7 INTERIOR ELEVATION
A4.02 1/2" = 1'-0"



8 RESTROOM CEILING SECTION-DETAIL
A4.02 1'-1/2" = 1'-0"

MARK	DESCRIPTION	ACCESSIBLE HEIGHT	MANUFACTURER	MODEL NUMBER	NOTES
T1	36" HORIZONTAL GRAB BAR	33 - 36 (TOP)	BOBRICK	B-6806 99x36	PEENED GRIP, CONCEALED FASTENING, ADA-COMPLIANT
T1a	2-WALL GRAB BAR (SHOWER)	33 - 36 (TOP)	BOBRICK	B-6861 99	PEENED GRIP, CONCEALED FASTENING, ADA-COMPLIANT
T2	42" HORIZONTAL GRAB BAR	33 - 36 (TOP)	BOBRICK	B-6806 99x42	PEENED GRIP, CONCEALED FASTENING, ADA-COMPLIANT
T2a	18" VERTICAL GRAB BAR	39 - 41 (BOTTOM)	BOBRICK	B-6806 99x18	PEENED GRIP, CONCEALED FASTENING, ADA-COMPLIANT
T2b	18" VERTICAL GRAB BAR (SHOWER)	39 - 41 (BOTTOM)	BOBRICK	B-6806 99x18	PEENED GRIP, CONCEALED FASTENING, ADA-COMPLIANT
T3	SANITARY NAPKIN DISPOSAL	30 MAX (TOP)	BOBRICK	B-270	SURFACE-MOUNTED
T4	TOILET TISSUE DISPENSER	19 MIN	SAN JAMAR	R2000 TBK	DOUBLE-SIZE ROLLS, SURFACE-MOUNTED
T5	TEMPERED MIRROR - 18" W x 36" H	40 MAX (BOTTOM)	BOBRICK	B-165-1836	TEMPERED GLASS, STAINLESS STEEL FRAME, CONCEALED FASTENING
T6	UNDERLAV PROTECTION	10 MIN (BOTTOM)	TRUEBRO	LAV SHIELD	MODEL 2018
T7	SOAP DISPENSER - WALL MOUNTED	40 MAX	GOJO	FMX-12	
T8	SURFACE-MOUNTED PAPER TOWEL DISPENSER	40 MAX (CONTROL)	SAN JAMAR	T1390 TBK	AUTOMATIC ROLL-TYPE
T9	TOILET SEAT COVER DISPENSER	40 MAX (CONTROL)	BOBRICK	B-4221	SURFACE-MOUNTED
T10	FOLDING SHOWER SEAT	17-19 (TOP)	N/A	-	INCL. WITH SHOWER COMPARTMENT
T11	HEAVY-DUTY SHOWER CURTAIN ROD	-	BOBRICK	B-6107x36	SURFACE-MOUNTED
T12	STAINLESS STEEL SHOWER CURTAIN HOOKS	-	BOBRICK	B-204-1	7 HOOKS REQUIRED, INSTALL ON CURTAIN ROD
T13	VINYL SHOWER CURTAIN	-	BOBRICK	B-204-2	ASSEMBLE TO HOOKS
T14	CLOTHES HOOK	38-40 (TOP)	BOBRICK	B-2116	SURFACE-MOUNTED
T15	HEAVY-DUTY SOAP DISH	38-48 (BOTTOM)	N/A	-	INCL. WITH SHOWER COMPARTMENT

NOTE: MFR NAMES & MODEL #s INDICATE FEATURES AND LEVEL OF QUALITY
ACCESSIBILITY HEIGHTS ARE IN INCHES FROM THE FINISHED FLOOR LINE TO CENTERLINE, UNON



MEP CONSULTANTS
20251 CENTURY BLVD
SUITE 120
GERMANTOWN, MD 20874
P: 301-777-8771-4229
F: 301-560-6336
PROJECT # 14156

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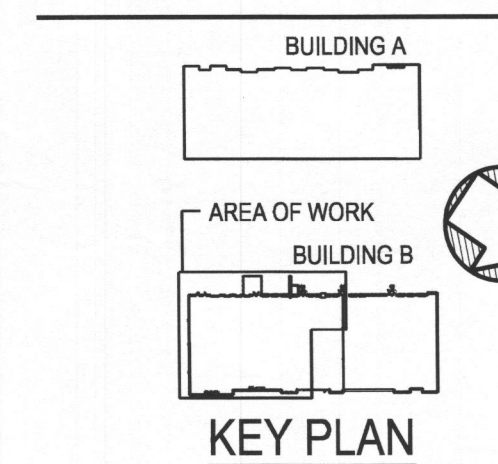
CONSULTANTS

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FOR CONSTRUCTION 06.07.2015

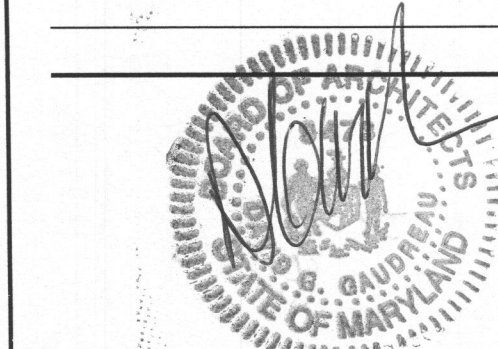
REVISION 1 08.23.2015

REVISION 2 10.05.2015

REVISION 3 10.19.2015

REVISION 4 10.27.2015

REVISION 5 12.10.2015



DRAWING TITLE

ENLARGED CLEAN
ROOM, GAS STORAGE
& RESTROOM PLANS
PHASE A

DRAWING NUMBER

A4.02

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