



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: _____

Permit No. **B17002536**

ELICOTT CITY MD 21043

Building Address: **8150 Washington Blvd.**
City: **Jessup** State: **MD** Zip Code: **20794**
Suite/Apt. # **H-1** SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **Medical office**
Proposed Use: **Dental office**
Estimated Construction Cost: \$ **106,000.00**
Description of Work: **Renovate interior only of an existing retail shell space to turn into a dental office**
Occupant/Tenant Name: **Shine and Smile Dental**
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: **YBM Construction**
Address: **604 S. Frederick Ave #415**
City: **Gaithersburg** State: **MD** Zip Code: **20877**
Phone: **(301) 947-0471** Fax: **(301) 947-0474**
Email: **ben@ybmconstruction.com**

Commercial Building Characteristics	Residential Building Characteristics
Height: 75 ft +/-	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 5	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
1385 S.F.	Basement:
Use group: B	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
Construction type:	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Structural Steel	No. of Bedrooms:
<input type="checkbox"/> Masonry	Multi-family Dwelling
<input type="checkbox"/> Wood Frame	No. of efficiency units:
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: **Klein Enterprises**
Address: **1777 Reisterstown Road #245**
City: **Baltimore** State: **MD** Zip Code: **21208**
Phone: **(410) 902-0290** Fax: **(410) 902-4760**
Email: **ppalumbo@kleinenterprises.com**

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: **YBM Construction**
Address: **604 S. Frederick Ave #415**
City: **Gaithersburg** State: **MD** Zip Code: **20877**
Phone: **(301) 947-0471** Fax: **(301) 947-0474**
Email: **ben@ybmconstruction.com**

Contractor Company: **YBM Construction**
Contact Person: **Ben Bashiri**
Address: **604 S. Frederick Ave #415**
City: **Gaithersburg** State: **MD** Zip Code: **20877**
License No.: **43236**
Phone: **(301) 947-0471** Fax: **(301) 947-0474**
Email: **ben@ybmconstruction.com**

Engineer/Architect Company: **YBM Construction**
Responsible Design Prof.: **Duane D. Anderson**
Address: **604 S. Frederick Ave #415**
City: **Gaithersburg** State: **MD** Zip Code: **20877**
Phone: **(301) 947-0471** Fax: **(301) 947-0474**
Email: _____

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" 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: **Ben Bashiri**
Email Address: **ben@ybmconstruction.com**
President, **YBM Construction.com**
Title/Company

Print Name: **Ben Bashiri**
Date: **6/28/17**

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	7/17/17	Paul Smith

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	# 4252

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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