



Building Address: 8894 Stanford Blvd,  
City: Columbia State: MD Zip Code: 21045  
Suite/Apt. # Suite 200 SDP/WP/BA #:  
Subdivision:  
Lot: B Tax Map: 36 Parcel: 356  
Existing Use: EMPTY - BUSINESS  
Proposed Use: Dental office - Business  
Estimated Construction Cost: \$ 150,000 \$  
Description of Work:  
Convert to dental office from empty office space  
Occupant/Tenant Name: Ray Becker  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: Ray Becker  
Address: 5096 Dorsey Hall Drive  
Ellicott City, MD 21042  
City: State: Zip Code:  
Phone: 410.415.9013 Fax:  
Email:

Property Owner's Name: RBA Properties Development LLC  
Address: Lisa Williams - 7226 Lee Deforest Drive, Suite 210  
City: Columbia State: Maryland Zip Code: 21046  
Phone: 410.953.0048 Fax:  
Email: Lisa@baxleyre.com  
Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Chang Soo Rhee  
Address: 8628 Lee Highway Suite 207  
City: FAIRFAX State: VA Zip Code: 22031  
Phone: 703-507-3146 Fax:  
Email: CHANGSOO@AIDESIGNDC.COM  
Contractor Company: LIBERTY CONSTRUCTION  
Contact Person: JOHN SANATI  
Address: 330-E N STONESTREET AVE  
City: ROCKVILLE State: MD Zip Code: 20850  
License No.: 15352875  
Phone: (301) 674-1192 Fax:  
Email: john@libertycd.com  
Engineer/Architect Company: A & I DESIGN  
Responsible Design Prof.: Chang Soo Rhee  
Address: 8628 Lee Highway Suite 207  
City: FAIRFAX State: VA Zip Code: 22031  
Phone: 703-507-3146 Fax:  
Email: CHANGSOO@AIDESIGNDC.COM

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 4	Depth Width
Gross area, sq. ft./floor: 46,392 sf	1 <sup>st</sup> floor: 2 <sup>nd</sup> floor:
Area of construction (sq. ft.): 2503 sf	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group: business	<input type="checkbox"/> Slab on Grade
Construction type: <input 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	No. of Bedrooms: 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: Footings: Roof: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Roadside Tree Project Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Roadside Tree Project Permit #	

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input 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: Chang Soo Rhee  
CHANGSOO@AIDESIGNDC.COM  
Email Address  
ARCHITECT / A & I DESIGN  
Title/Company

Print Name: Chang Soo Rhee  
Date: 05-22-2019  
RECEIVED  
MAY 24 2019  
DIVISION

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	6/4/19	U. Oswald

Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START

DP2 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	# 1061

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

eo

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

June 6, 2019

Dr. Ray Becker Dental Office  
8894 Stanford Blvd  
Columbia, MD 21045

Sent via email to: [drbecker@howardcountysmiles.com](mailto:drbecker@howardcountysmiles.com); [changsoo@aidesigndc.com](mailto:changsoo@aidesigndc.com)  
[john@libertycd.com](mailto:john@libertycd.com)

RE: Building Permit # B19001695  
8894 Stanford Blvd  
Columbia, MD 21045

Dear Dr. Becker:

This letter is in response to building permit **B19001695**. The building permit application and plans indicate that the proposed work includes x-ray related equipment that will need to be reviewed and registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you may 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) 313-1786 if you would like to discuss the project in more detail.

Respectfully,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Bureau of Environmental Health  
Well & Septic Program

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Tuesday, June 04, 2019 1:04 PM  
**To:** drbecker@howardcountysmiles.com; changsoo@aidesigndc.com; john@libertycd.com  
**Subject:** B19001695\_8894 Stanford Blvd  
**Attachments:** X ray Equipment Notification\_2019.pdf

Hello Dr. Becker:

Attached, please find a letter pertaining to building permit # B19001695 (8894 Stanford Blvd). Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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