



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:

8/14/19

Permit No.:

B19002716
do site management

Building Address: 9051 Red Branch Rd
City: Columbia State: MD Zip Code: 21045
Suite/Apt. # KLM SDP/WP/BA #:
Subdivision:
Lot: Tax Map: Parcel:

Property Owner's Name: Columbia 9051 Associates
Address: 2141 Industrial Parkway Suite 202
City: Silver Spring State: MD Zip Code: 20904
Phone: 301-622-9300 Fax:
Email:

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

Applicant's Name: Lorie Brewer
Address: 5690 Chamblis Dr
City: Clarksville State: MD Zip Code: 21029
Phone: 410-707-9943 Fax:
Email: LorieBrewer@gmail.com

Contractor Company:

Contact Person: Lorie Brewer - Tenant
Address: 5690 Chamblis Dr
City: Clarksville State: MD Zip Code: 21029
License No.: 0
Phone: 410-707-9943 Fax:
Email: LorieBrewer@gmail.com

Engineer/Architect Company: Lehman Associates

Responsible Design Prof.:
Address: 6888 Mink Hollow Rd
City: Highland State: MD Zip Code: 20777
Phone: 301-854-1072 Fax:
Email:

Existing Use: Vacant - Gym
Proposed Use: Automotive Repair
Estimated Construction Cost: \$ 25,000
Description of Work: 1) Install 5 Auto lifts,
one Alignment Machine, oil
separator, Exhaust fan, compressor
for Automotive Repair Shop
change in use
Occupant/Tenant Name: Columbia Auto Center
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Justin or Lorie Brewer
Address: 5690 Chamblis Drive
City: Clarksville State: MD Zip Code: 21029
Phone: 410-707-9943 Fax:
Email: LorieBrewer@gmail.com

Commercial Building Characteristics	Residential Building Characteristics
Height: 19'	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 1	Depth Width
Gross area, sq. ft./floor: 5,602	1st floor:
Area of construction (sq. ft.): 3,432	2nd floor:
Use group:	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 type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

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 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 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: Lorie Brewer
Email Address: LorieBrewer@gmail.com
Owner, Columbia Auto Center
Title/Company

Print Name: Lorie Brewer
Date: 8/14/19

RECEIVED

AUG 14 2019

LICENSES & PERMITS
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	9/14/19	R. J. Smith
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$ 260
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 0097

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

Anest, Cathy

From: Anest, Cathy
Sent: Saturday, August 17, 2019 9:42 AM
To: loriebrewer@gmail.com
Cc: Hill, Amanda; Hurman, Laura; Powell, Markus P.; Roussell, Lisa
Subject: 9051 Red Branch Road, Suites K-L-M

Good morning Lorie,

This office is in receipt of your building permit application for the above referenced address. The application indicates this is a change-in-use from a gym facility to an automotive repair shop. The permit application has been entered in our database, but a couple of items are required prior to approval:

1. Please provide an email address for the architect of record.
2. An additional set of construction drawings for Health Department review is necessary. It has recently been changed that the Health Department now wants to see all automotive repair facilities. The drawings can be copies and do not require the original seal and signature of the Licensed Professional. Please either mail in the plans to the address below or bring this additional set to our Permit Front Counter and reference building permit #B19002716.

Thank you for your understanding and prompt attention to this matter.

Feel free to contact me if you need further assistance.

Thank you.

Cathy H. Anest, Chief
Licenses and Permits Division
3430 Court House Drive
Ellicott City MD 21043



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 8/19/19

To: Cathy Anest, Health Dept
(Person's Name and Division) Licenses & Permits
center

From: Lone Brewer, Columbia Auto (410) 707-9943
(Your Name, Company Name and Telephone Number)

Subject: Project name _____

Project site address 9051 Red Branch Rd

Permit # B19008716 SDP # _____

Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☒ Copies of construction Drawings (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Contact Person Information: (Required)

Lone Brewer
Please Print Name

Telephone No: 410-707-9943

E-Mail Address: LoneBrewer@
gmail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by A. Hulme