

RECEIVED
APR 21 2020
LICENSES & PERMITS
DIVISION

PERMIT NUMBER: B 00001346

DATE ACCEPTED:

COMMERCIAL BUILDING PERMIT APPLICATION			
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS			
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov			
BUILDING SITE ADDRESS REQUIRED			
Street Address: 5005 SIGNAL BELL LANE			Unit: 102
City: CLARKSVILLE		State: MD	Zip Code: 21044
Subdivision/Village/Complex Name:			SDP/WP/BA #:
Lot: PA-BB	Tax Map: 34	Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: BUSINESS OFFICE		Proposed Use: BUSINESS OFFICE	Estimated Cost: \$750,000
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None			
INTERIOR ALTERATION OF NEW TENANT SUITE; DEMOLITION; NEW WALLS, DOORS, PLUMBING, ELEC AND HVAC.			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): SIGNAL BELL MEDICAL LLC			
Owner's Street Address: 2328 W JOPPA RD, SUITE 200			
City: LUTHERVILLE		State: MARYLAND	Zip Code: 21093
Phone:		Email:	
TENANT INFORMATION REQUIRED			
Business Name: CHARTER RADIOLOGY		Contact Name:	
Street Address: 5005 SIGNAL LANE, STE 102			
City: CLARKSVILLE		State: MARYLAND	Zip Code: 21044
Phone:		Email:	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: ARIUM AE LLC		Contact Name: DON MATTHEWS JR	
Street Address: 5537 TWIN KNOLLS RD #435			
City: COLUMBIA		State: MD	Zip Code: 21045
Phone: (410) 730-2300		Email: DONM@ARIUMAE.COM	
CONTRACTOR INFORMATION REQUIRED			
Business Name: TBD			
Licensee's Name:		License #:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: ARIUM AE LLC		Name: STEPHANIE BOUNDS NUNN	
Street Address: 5537 TWIN KNOLLS RD #435			
City: COLUMBIA		State: MD	Zip Code: 21045
Phone: (410) 730-2300		Email: STEPHANIE@ARIUMAE.COM	
BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)	
Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)		Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	
Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:#		Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None	
Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		Additional Commercial Information (PLEASE SELECT/COMPLETE ALL THAT APPLY)	
Area of Construction: 5,596 sq ft		Gross Area: 5,596 sq ft	
Height: ft		# of Stories: 2	
Construction Classification(s): II-B		Use Group: B	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	
ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE			
# of efficiency units (MF):		# of 1 BR (MF):	
# of 2 BR (MF):		# of 3 BR (MF):	
Energy Method: <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI <input type="checkbox"/> A 90.1		Gross Area: sq ft	
Occupiable Area: sq ft			
AGREEMENT/ DISCALIMER REQUIRED			
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 ORIGINAL SIGNATURE		DATE SIGNED	
APRIL 21, 2020			
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> SHA
<input type="checkbox"/> CID			
SUBMITTAL FEES: \$200.00		PAYMENT: \$2270	
ACCEPTED BY:			