

RECEIVED

APR 26 2021

PERMIT NUMBER: B 21001611

DATE ACCEPTED:

LICENSES & PERMITS
DIVISION

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: 10921 Pump House Road			Unit: D
City: Annapolis Junction		State: MD	Zip Code: 20701
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use:		Proposed Use: Processing Facility	Estimated Cost: \$ 165,000
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 TENANT FIT OUT			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): Pumhouse Investors LLC			
Owner's Street Address: 7200 Wisconsin Avenue, suite 700			
City: Bethesda		State: MD	Zip Code: 20814
Phone:		Email:	
TENANT INFORMATION REQUIRED			
Business Name: PRIMAS PROCESSING LLC		Contact Name: Arrington Herry	
Street Address: 7221 Montevideo Road, Suite 200			
City: Jessup		State: MD	Zip Code: 20794
Phone: (404) 822-5434		Email: arrington@sevenpointsagro.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: PRIMAS PROCESSING LLC		Contact Name: Arrington Herry	
Street Address: 7221 Montevideo Road, Suite 200			
City: Jessup		State: MD	Zip Code: 20794
Phone: (404) 822-5434		Email: arrington@sevenpointsagro.com	
CONTRACTOR INFORMATION REQUIRED			
Business Name: Blair Construction			
Licensee's Name: Blair Construction		License #: MHIC 01-69102	
Street Address: 301 Najoles Rd #206			
City: Millersville		State: MD	Zip Code: 21108
Phone: (410) 729-0777		Email:	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: Barr-Kumar Architects & Engineers PC		Name: Raj Barr-Kumar	
Street Address: 1725 Eye Street NW, Suite 300			
City: Washington		State: D.C.	Zip Code: 20006
Phone: (202) 349-3775		Email: info@BARRarchitects.com	
BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)			
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input 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: 2,345 sq ft		Gross Area: 3,494 sq ft	Height: 22 ft # of Stories: 1
Construction Classification(s): 2B		Use Group: F-1	
Was the tenant space previously occupied? <input 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):
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 THERE TO; (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: <i>Arrington Herry</i>		DATE SIGNED: 4/19/21	
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCY REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health
SUBMITTAL FEES: \$ 200		PAYMENT: NONE SUB	ACCEPTED BY: DR O'BOY

* NEED 2 ADDITIONAL SETS OF PLANS (ONLY 1 PROVIDED)
 * NEED TENANT LTR
 * NEED DPZ INFO SHEET