

PERMIT NUMBER: B

22004019

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: 11015 Stratfield Ct		Unit:
City:	State: MD	Zip Code:
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

## DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):		
Owner's Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

## TENANT INFORMATION REQUIRED

Business Name:	Contact Name:
Street Address:	
City:	State:
Phone:	Email:

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name:
Street Address:	
City:	State:
Phone:	Email:

## CONTRACTOR INFORMATION REQUIRED

Business Name:	
Licensee's Name:	License #:
Street Address:	
City:	State:
Phone:	Email:

## ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

## BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	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 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 type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

## ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Area of Construction: sq ft	Gross Area: sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
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):	# 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

## FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health 11/1/22	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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AL FEES:

2000

PAYMENT:

ACCEPTED BY:

MP

## Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Commercial/Alteration/NA	B22004019	10/27/2022
Description of Work		
DR. BO DENTAL OFFICE/ INTERIOR ALTERATIONS		

[check spelling](#)

## Address \* (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street #	Street Name	Street Type	
11015	STRATFIELD	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.89462	39.30771
City	State	Zip Code	Primary
MARIOTTVILLE	MD	21104	Yes

## Parcel \* (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
917032	424	0	0	0	0	ELLICO
Legal Description						
IMPSP/O UNIT B P/O .389A[ ]11175 STRATFIELD CT 1 FL[ ]STRATFIELD COURT COND S3						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		603000	5				
Plan Area	State Tax Id		Subdivision Name				
	1403341089						
Section	Area		Tax Map				
			16				
Grid	Zoning District		ADC Map				
16-10			4814-G1				
SDP No.	Final Plan No.		WP File No.				
SDP-02-074	F-02-136						
Record Plat No.	WS Contract No.		FDP No.		Primary		
16255					Yes		
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area		Flood Plain				
	3-03A		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

## Owner (This section is not required.)

Search	Reset	Clear
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Name \*

CORNERSTONE COMM. INVESTMENT, LLC

Address Line 1

2600 MCKENZIE ROAD

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLICOTT CITY	MD	21042
Phone	Primary	
	Yes	
E-mail		
Cell Number	Fax Number	

**Professionals** (This section is not required.)

Search      Reset      Clear

License # *	Business Name			
License Type *	First Name	Middle Name	Last Name	
--Select--	▼			
Primary	Address Line 1			
Yes	▼			
	Address Line 2			
	City	State		ZIP Code
	Phone 1	Phone 2	Fax	
	E-mail			

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

Type *	First Name	MI	Last Name	
Applicant	▼			
Relationship	MOHANNED MOSTAFA			
Applicant	Full Name			
Primary	▼			
No	MOHANNED MOSTAFA			
	Organization Name			
	GARDENIA VICTORIA			
	Street Address			
	2 BUTTRICK CT APT #204			
	Address Line 2			
	City	State	Zip Code	
	LUTHERVILLE	MD	21093	
	Phone	Cell	Fax	
	202-999-2305			
	E-mail *			
	MOHANNEDMOUTASEM@GMAIL.COM			

**Contact** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

Type	First Name	MI	Last Name	
Contact	▼			
Relationship	MICHAEL GALLAGHER			
Licensed Professional	Full Name			
Primary	▼			
Yes	MICHAEL GALLAGHER			
	Organization Name			
	GARDENIA VICTORIA			
	Street Address			
	2305 SIDNEY AVE			
	Address Line 2			
	City	State	Zip Code	
	BALTIMORE	MD	21230	
	Phone	Cell	Fax	
	443-955-5533			
	E-mail			
	MICHAEL.GALLAGHER@GARDENIAVICTORIA.COM			

**Addtl Info**

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
0	0	0	No
▼			
Construction Type			
324 - Office, Banks and Professional Buildings			
▼			

**COMMERCIAL PERMIT INFORMATION**

**BUILDING INFORMATION**

Expedited Review *	Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Foundation Only	Pool *	Condominium	Ch
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Roadside Tree Permit	Roadside Tree Project Permit #	Existing Use *	Plan Submittal *	Road Frontage			
<input type="radio"/> Yes <input checked="" type="radio"/> No		IIB	Paper Submittal	--Select--			

Submit Cancel

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Tuesday, November 1, 2022 3:03 PM  
**To:** MOHANNEDMOUTASEM@GMAIL.COM  
**Subject:** B22004019\_11015 Stratfield Court  
**Attachments:** X ray Equipment Notification\_2022.pdf

Hello Mr. Mostafa:

Good afternoon. Attached, please find our x-ray notification letter regarding building permit # B22004019 for 11015 Stratfield Court, Marriottsville MD 21104.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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November 1, 2022

Mohanned Mostafa (Applicant)  
Gardenia Victoria  
2 Buttrick Court, APT #204  
Lutherville, MD 21093

Sent via email to: [MOHANNEDMOUTASEM@GMAIL.COM](mailto:MOHANNEDMOUTASEM@GMAIL.COM)

**RE: Building Permit # B22004019**  
**DR. BO DENTAL OFFICE**  
**11015 STRATFIELD CT**  
**MARRIOTTSVILLE, MD 21104**

Dear Mr. Mostafa:

This letter is in response to building permit **B22004019**. 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, please 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.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
(410) 313-1786  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)