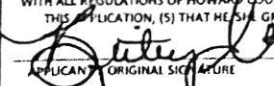


PERMIT NUMBER: B

22003671

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: 8880 Columbia 100 Pkwy			Unit:
City: Columbia	State: MD		Zip Code: 21045
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: Hotel		Proposed Use: Existing	
Estimated Cost: \$107,765			
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None			
Interior renovation to implement Hilton's new brand reimage to the interiors, new finishes & furniture in public spaces. Renovation of all existing guestrooms, including new finishes & furniture. INCLUDING POOL AREA			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): Grand Prix Columbia, LLC			
Owner's Street Address: 870 Seventh Avenue, 2nd Floor			
City: New York	State: NY		Zip Code: 10019
Phone:	Email:		
TENANT INFORMATION REQUIRED			
Business Name: Hampton Inn		Contact Name:	
Street Address: 8880 Columbia 100 Pkwy			
City: Columbia	State: MD		Zip Code: 21045
Phone:	Email:		
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: Nationwide Permitting Services		Contact Name: Britney Wurm	
Street Address: 4721 Crest Knoll Dr			
City: Mableton	State: GA		Zip Code: 30126
Phone: 616-437-0506	Email: britney@nationwidepermit.com		
CONTRACTOR INFORMATION REQUIRED			
Business Name:		License #:	
Licensee's Name:		State:	
Street Address:			
City:	State:		Zip Code:
Phone:	Email:		
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: Luminaut		Name: Matthew A. Erdman	
Street Address: 1100 Sycamore St, Suite 200			
City: Cincinnati	State: OH		Zip Code: 45202
Phone: 513-984-1070	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)		Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
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: 12,635 sq ft	Gross Area: 0 sq ft	Height: 0 ft	# of Stories: 4
Construction Classification(s): II-B - existing		Use Group: A-3, B, & R-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):	# 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	Occupable 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 ORIGINAL SIGNATURE		8/31/2022 DATE SIGNED	
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"/> Health <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: 200.00		PAYMENT: NO Check	
		ACCEPTED BY: Mai	

RECEIVED

SEP 29 2022

LICENSES & PERMITS DIVISION

PLANS RECEIVED