

PERMIT NUMBER: B 22002279

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: Dental care of Columbia -5850 Waterloo Road		Unit: Suite 250
City: Columbia	State: MD	Zip Code: 21045
Subdivision/Village/Complex Name: N/A		SDP/WP/BA #:
Lot: B3	Tax Map: 0037	Parcel: 0498
Grading Permit #:		

## DESCRIPTION OF WORK REQUIRED

Existing Use: (Business) Dental	Proposed Use: (Business) Dental	Estimated Cost: \$120,000
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 RENOVATION OF A 2,135 SQFT TENANT IN A MULTITENANT COMMERCIAL BUILDING MAINTAINED FOR BUSINESS USE. NEW ELECTRICAL LIGHTING AND POWER, PLUMBING, FURNITURE, AND FINISH COMPONENTS ARE PROPOSED. NO CHANGE TO USE GROUP, CONSTRUCTION TYPE, NUMBER OF STORIES, SQFT, OR EGRESS.		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): AAK Snowden, LLC c/o Abrams Development Group		
Owner's Street Address: 8601 Robert Fulton Drive, Suite 100		
City: Columbia	State: MD	Zip Code: 21046
Phone: (410) 312-3200	Email: pete@abramsdevelopment.com	

## TENANT INFORMATION REQUIRED

Business Name: Dental Care of Columbia (Heartland Dental)	Contact Name: TJ Prell
Street Address: 1200 Network Center Dr.	
City: Effingham	State: IL
Phone: (314) 478-8947	Email: tjprell32@heartland.com
Zip Code: 62401	

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Phase Zero Design	Contact Name: Julie Nelligan
Street Address: 35 Pond Park Rd Bay 16	
City: Hingham	State: MA
Phone: (781) 452-7121	Email: jnelligan@phasezerodesign.com
Zip Code: 02043	

## CONTRACTOR INFORMATION REQUIRED

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

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

Business Name: Phase Zero Design	Name: James Kimball
Street Address: 35 Pond Park Rd Bay 16	
City: Hingham	State: MA
Phone: (781) 452-7121	Email: jkimball@phasezerodesign.com
Zip Code: 02043	

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

Utilities: <input checked="" type="checkbox"/> Electric <input checked="" 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: Gas at HVAC	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: 2,135 sq ft	Gross Area: 2,135 sq ft	Height: ft	# of Stories: 1
Construction Classification(s): V B		Use Group: Business	
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

## 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 checked="" type="checkbox"/> Health 7/25/22	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES:

PAYMENT:

ACCEPTED BY:

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Monday, July 25, 2022 1:32 PM  
**To:** 'tjprell32@heartland.com'  
**Subject:** B22002279\_5850 Waterloo Road\_x-ray equipment  
**Attachments:** X Ray Equipment Notification\_2022.pdf

Hello Mr. Prell:

Good afternoon. Attached, please find our x-ray notification letter regarding building permit # B22002279 for 5850 Waterloo Road, Columbia, MD 21045.

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

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
410.313.1786  
hoswald@howardcountymd.gov



**Bureau of Environmental Health**  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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Maura J. Rossman, M.D., Health Officer

July 25, 2022

Dental Care of Columbia  
1200 Network Center Drive  
Effingham, IL 62401  
Attn: TJ Prell

Sent via email to: [tjprell32@heartland.com](mailto:tjprell32@heartland.com)

**RE: Building Permit # B22002279**  
**Dental Care of Columbia**  
**5850 Waterloo Road, Suite 250**  
**Columbia, MD 21045**

Dear Mr. Prell:

This letter is in response to building permit **B22002279**. 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 you may 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)