


PERMIT NUMBER: B 23001114

DATE ACCEPTED:

 <b>COMMERCIAL BUILDING PERMIT APPLICATION</b> HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a>			
<b>BUILDING SITE ADDRESS REQUIRED</b>			
Street Address: <b>5570 Sterrett Place</b>			Unit: <b>301</b>
City: <b>Columbia</b>		State: <b>MD</b>	Zip Code: <b>21044</b>
Subdivision/Village/Complex Name:			SDP/WP/BA #:
Lot:	Tax Map:	Parcel:	Grading Permit #:
<b>DESCRIPTION OF WORK REQUIRED</b>			
Existing Use: <b>Dental Office</b>		Proposed Use: <b>Dental Office</b>	Estimated Cost: <b>\$ 152000</b>
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			
<i>Interior build out</i>			
<b>PROPERTY OWNER INFORMATION REQUIRED</b>			
Owner(s) Name(s) (As it appears on tax records): <b>LAKEFRONT 17, LLC</b>			
Owner's Street Address: <b>11180 SUNRISE VALLEY DRIVE #200</b>			
City: <b>RESTON</b>		State: <b>VA</b>	Zip Code: <b>20191</b>
Phone: <b>(703) 826-1125</b>		Email: <b>Bill.Hearn@OrrPartners.com</b>	
<b>TENANT INFORMATION REQUIRED</b>			
Business Name: <b>DR. NASIR</b>		Contact Name: <b>DR. NASIR</b>	
Street Address: <b>5570 STERRETT PLACE</b>			
City: <b>COLUMBIA</b>		State: <b>MD</b>	Zip Code: <b>21044</b>
Phone: <b>(240) 409-4650</b>		Email:	
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>			
Business Name: <b>YBM Construction, Inc</b>		Contact Name: <b>Ben Bashiri</b>	
Street Address: <b>604 S Frederick Ave #415</b>			
City: <b>Gaithersburg</b>		State: <b>MD</b>	Zip Code: <b>20877</b>
Phone: <b>(301) 947-0471</b>		Email: <b>ben@ybmconstruction.com</b>	
<b>CONTRACTOR INFORMATION REQUIRED</b>			
Business Name: <b>YBM Construction, Inc</b>			
Licensee's Name: <b>Ben Bashiri</b>		License #: <b>08050043236</b>	
Street Address: <b>604 S Frederick Ave #415</b>			
City: <b>Gaithersburg</b>		State: <b>MD</b>	Zip Code: <b>20877</b>
Phone: <b>(301) 947-0471</b>		Email: <b>ben@ybmconstruction.com</b>	
<b>ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS</b>			
Business Name: <b>Jayan &amp; Burney Architectural Designs</b>		Name:	
Street Address: <b>604 S Frederick Ave #415</b>			
City: <b>Gaithersburg</b>		State: <b>MD</b>	Zip Code: <b>20877</b>
Phone:		Email:	
<b>BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>			
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> None		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:#	
Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac			
<b>ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>			
Area of Construction: <b>1,600</b> sq ft		Gross Area: <b>1,600</b> sq ft	
Height: <b>18</b> ft		# of Stories: <b>3</b>	
Construction Classification(s): <b>IIB</b>		Use Group: <b>B</b>	
Was the tenant space previously occupied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	
<b>ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE</b>			
# 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			
<b>AGREEMENT/ DISCALIMER REQUIRED</b>			
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 <i>[Signature]</i>		DATE SIGNED <b>3/30/23</b>	
<b>FOR OFFICE USE ONLY</b>			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS: <b>Approved. Sent MDE letter.</b>			
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health <b>8/8 4/17/23</b>
<input type="checkbox"/> SHA	<input type="checkbox"/> CID		
SUBMITTAL FEES:		PAYMENT:	
ACCEPTED BY:			