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DATE ACCEPTED:

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PERMIT NUMBER: B

22000692

 COMMERCIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 - www.howardcountymd.gov			
BUILDING SITE ADDRESS REQUIRED			
Street Address: 6940 San Tomas Road			Unit: A
City: ElkrIDGE		State: MD	Zip Code: 21075
Subdivision/Village/Complex Name: RT 1 HUNDRED BUSI			SDP/WP/BA #:
Lot: PAR A	Tax Map: 0037	Parcel: 0580	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: Office/Warehouse		Proposed Use: Office/Warehouse	Estimated Cost: \$300,000.00
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 alteration for new tenant			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): CABOT IV MD1W13 LLC C/O PROPERTY TAX GATEWAY INDUSTRIAL			
Owner's Street Address: PO BOX A 3879			
City: Chicago		State: IL	Zip Code: 60690
Phone: (213) 739-9902		Email: hong@kimmnoriusa.com	
TENANT INFORMATION REQUIRED			
Business Name: Kimnori USA, Inc.		Contact Name: KyungSun Hong	
Street Address: 13919 Equitable Road			
City: Cerritos		State: CA	Zip Code: 90703
Phone: (562) 926-4988		Email: hong@kimmnoriusa.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: Hofmann Associates, Inc.		Contact Name: Kelly Simmers	
Street Address: 606 Baltimore Avenue, Suite 102			
City: Towson		State: MD	Zip Code: 21204
Phone: (410) 828-9090		Email: kelly@haiarchitects.com	
CONTRACTOR INFORMATION REQUIRED			
Business Name: To Be Determined			
Licensee's Name:		License #:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS			
Business Name: Hofmann Associates, Inc.		Name: Craig Hofmann	
Street Address: 606 Baltimore Avenue, Suite 102			
City: Towson		State: MD	Zip Code: 21204
Phone: (410) 828-9090		Email: craig@haiarchitects.com	
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 type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	
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: 13,462 sq ft		Gross Area: 59,600 sq ft	Height: 30 ft # of Stories: 1
Construction Classification(s): IIB		Use Group: S-1/B	
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		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'S ORIGINAL SIGNATURE: Kelly Simmers		DATE SIGNED: 3-2-22	
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 ANBS/23/22 SHA
<input type="checkbox"/> CID			
SUBMITTAL FEES: 200	PAYMENT: 29359	ACCEPTED BY: [Signature]	

3/2/22