



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

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

TO: Ms. Jackie Killip
(Applicant)

Sent via email to: jkillip@hcm2.com

RE: Building Permit # B26000226
3290 North Ridge Road
Ellicott City, MD 21043

Dear Ms. Simmers:

This letter is in response to building permit **B26000226**. 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) 313-2775 if you would like to discuss the project in more detail.

Respectfully,

Dana Bernard 

Dana Bernard,
Environmental Health Specialist II, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case

EH-PLANS-26-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

02/05/2026

Single Entry Edit-View Record Form

Application Name

B26000226

Description

SUITE 220/ MERCY MEDICAL CENTER/ RENOVATION OF EXISTING SPACE WITHIN EXISTING OFFICE SPACE. THE PROJECT INCLUDES NEW INTERIOR WALLS, DOORS, AND NEW FLOORING THROUGHOUT. INTERIOR SPACES INCLUDE VARIOUS STANDARD BUSINESS TYPE OCCUPANCIES, RECEPTION AND WAITING ROOMS. THE INTERIOR FITOUT INCLUDES STRUCTURAL, MECHANICAL AND ELECTRICAL SYSTEMS.

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Zack Silvast

online BP. x-ray letter required,
g2 2/5/26

Address * (This section is required.)

New	Search	Delete	Set Primary											
☐	<u>Primary</u>	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>		
☐	☒	3290		North R...	RD	Elli...	MD	21043						

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary											
☐	☒	<u>Primary</u>	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>		
			0 record(s) found.											

Owner (This section is not required.)

Search	Delete	Set Primary												
☐	☒	<u>Primary</u>	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/Res</u>			
☐	☒		Executive Center LLC.	1205 York Rd.			Lutherville	MD	21093		US			

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Jackie

Middle Name

Last Name *

Killip

Home Phone ((xxx)xxx-xxxx)

Approved Septic System Plan
Howard County Health Department

Signature

Date

Organization Name *

Hord Coplan Macht

Mobile Phone ((xxx)xxx-xxxx)

(443) 278-7168

E-mail

jkillip@hcm2.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New

Look Up

Deactivate

Remove

☐ Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
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0 record(s) found.

Custom Fields

DATE TRACKING

Received Date

2/5/2026

Due Date

2/19/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Well and Septic

2/5/2026

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

(Text)

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

☐ Yes ☐ No

Does the project include Private Septic? If Yes, forward to WS Program.

☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.

☐ Yes ☐ No

Facility Fax

0 (Text)

Days of Operation

0 (Text)

Does this project have a Building Permit?

☐ Yes ☐ No

Building Permit Issued Date

(Text)

☐ Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

☐ Yes ☐ No

Does the project include Food Services? If Yes, forward to FP Program.

☐ Yes ☐ No

Facility Phone

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source

Public

Sewage Disposal

Public

Design Wastewater Flow

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0 (Number)

Date PLAT signed by Health Officer

(Text)

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

(Text)

☐ Extension Granted**DEVELOPMENT PLANS**

Property Type

Commercial ▼

Signature Required

☐ Yes ☐ No

Number of paper copies

0

(Number)

Number of buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Plan Version

Initial ▼

Engineer

0

(Text)

Number of mylar copies

0

(Number)

Number of non-buildable lots created

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

☐ Yes ☐ No

Coordinate State Review

☐ Yes ☐ No

Proposed Septic System Type

--Select-- ▼

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select-- ▼

Licensed Type

--Select-- ▼

License Category

--Select-- ▼

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

☐ Operating Seasonally Only

If Operating Seasonally. What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

☐ Yes ☐ No

Full Bar?

☐ Yes ☐ No**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category

--Select-- ▼

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

☐ Yes ☐ No**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards

☐ Yes ☐ No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

☐ Yes ☐ No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select-- ▼

2-4-86