



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 5/27/14

Permit No.: B14001797

Building Address: 6270 WASHINGTON BLVD
 City: ELK RIDGE State: MD Zip Code: 21075
 Suite/Apt. # _____ SDP/WP/BA #: 89-126
 Census Tract: 6012 Subdivision: ELK RIDGE ANIMAL HOSPITAL
 Section: _____ Area: _____ Lot: 34
 Tax Map: _____ Parcel: 34 Grid: _____
 Zoning: B-2 Map Coordinates: _____ Lot Size: 0.448 AC

Property Owner's Name: KIG REAL ESTATE LLC
 Address: 1625 PORTER CREEK COURT
 City: MT AIRY State: MD Zip Code: 21771
 Phone: 410.730.4300 Fax: 410.988.2174
 Email: jpcarchitects@verizon.net

Existing Use: VACANT RESTAURANT
 Proposed Use: ANIMAL HOSPITAL
 Estimated Construction Cost: \$ 375,000.00
 Description of Work: INTERIOR ALTERATION
 INTERIOR BUILDOUT, HVAC, STRUCTURAL
 ELEC, PLUMBING
 Occupant or Tenant: ELK RIDGE ANIMAL HOSPITAL
 Was tenant space previously occupied? Yes No
 Contact Name: JOHN CHALK
 Address: 9738 BRIARCLIFFE LANE
 City: ELICOTT CITY State: MD Zip Code: 21042
 Phone: 410.730.4300 Fax: 410.988.2174
 Email: jpcarchitects@verizon.net

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: JOHN CHALK
 Address: 9738 BRIARCLIFFE LANE
 City: ELICOTT CITY State: MD Zip Code: 21042
 Phone: 410.730.4300 Fax: 410.988.2174
 Email: jpcarchitects@verizon.net

Contractor Company: TO BE DETERMINED
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: JPC ARCHITECTS
 Responsible Design Prof.: JOHN CHALK
 Address: 9738 BRIARCLIFFE LANE
 City: ELICOTT CITY MD Zip Code: 21042
 Phone: 410.730.4300 Fax: 410.988.2174
 Email: jpcarchitects@verizon.net

Commercial Building Characteristics	Residential Building Characteristics	
Height: 30'	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: 3	Depth	Width
Gross area, sq. ft./floor: 3855	1 st floor:	
Area of construction (sq. ft.): 3855	2 nd floor:	
Use group: B-BUSINESS	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 HEREBY GRANTS THE COUNTY OFFICERS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: John Chalk Print Name: JOHN CHALK
 Email Address: jpcarchitects@verizon.net Date: 5/28/14
 Title/Company: OWNER, JPC ARCHITECTS

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

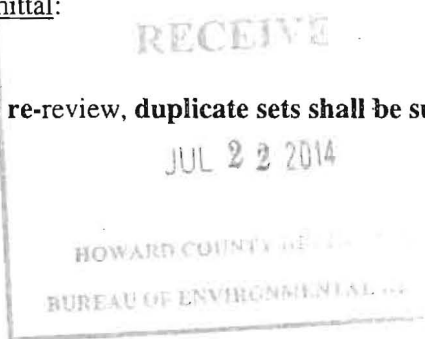
Filing Fee	\$ 200.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	1006

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 7/22
 To: ~~JOHN CHAU~~ ANDREW ARNOLD
 (Person's Name and Division)
 From: JOHN CHAU (410) 730-4300
 (Your Name, Company Name and Telephone Number)
 Subject: Project name ELK RIDGE ANIMAL
 Project site address 6270 WASHINGTON BLVD
 Permit Number B14001797 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of REVISED PLANS (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____



Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED

PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE MADE BY CALLING 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE MADE BY CALLING 410-313-2436. PLEASE ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

COMMERCIAL REVISIONS # 3
 Project Name: Elkridge Animal Hosp.
 Permit # B14-1797 Date: 7/18/14

Revision #3
369109

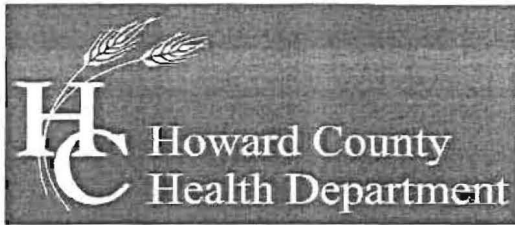
Please date, initial, and advise project coordinator when last review is complete.

ASA
 APH/SLS _____

DLM/JDH _____

DEC/MSS _____

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

June 16, 2014

John Chalk
JPC Architects
9738 Briarcliffe Lane
Ellicott City, MD 21042

Sent via email to: JPCARCHITECTS@VERIZON.NET

**RE: B14001797
6270 Washington Blvd
Elkridge, MD 21075**

To Whom It May Concern:

This letter is in response to building permit B14001797. The building permit application and plans indicate that the proposed work includes x-ray equipment that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you can 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.
Well & Septic Program
Bureau of Environmental Health