



# Building Permit Application

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

DILP 2017 AUG 31 PM 2:38

Date Received: \_\_\_\_\_

Permit No.: B17005328

Building Address: 7950 TARBAY DR  
City: TESSUP State: MD Zip Code: 20799  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: SDP-01-147  
Census Tract: 6069-01 Subdivision: MD Food Center Building  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: B1-B2  
Tax Map: 43 Parcel: B1-B2 Grid: \_\_\_\_\_  
Zoning: M-2 Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SEAFOOD WAREHOUSE  
Proposed Use: SEAFOOD WAREHOUSE  
Estimated Construction Cost: \$ 280,000  
Description of Work: Install 4 Refrigeration Systems to Condition Space to 40°F

Occupant/Tenant Name: SEACAP  
Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: WARREN CLEVELAND  
Address: 12402 Waldorf Business Sq  
City: Waldorf State: MD Zip Code: 20637  
Phone: 301 440-6157 Fax: \_\_\_\_\_  
Email: AADEPENDAIR@VERIZON.NET

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>20</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
	2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): <u>468</u>	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: MD Food AUTHORITY  
Address: 7801 OCEANO AVE  
City: TESSUP State: MD Zip Code: 20799  
Phone: 410 379 5760 Fax: \_\_\_\_\_  
Email: B.HARRELL@MPCA.INFO

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: AA DEPENDABLE AIR, INC  
Contact Person: WARREN CLEVELAND  
Address: 12402 Waldorf Business Sq  
City: Waldorf State: MD Zip Code: 20637  
License No.: HVAC 12192  
Phone: 301 638-0981 Fax: \_\_\_\_\_  
Email: AADEPENDAIR@VERIZON.NET

Engineer/Architect Company: ASPE Consulting Engineers  
Responsible Design Prof.: ALI SHAKERI  
Address: 11005 ROUND TABLE CT  
City: WATER BETHESDA State: MD Zip Code: 20852  
Phone: 301 717-6782 Fax: \_\_\_\_\_  
Email: ASPE1@VERIZON.NET

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

Email Address

Title/Company

Print Name

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		Approved
Building Officials		J. H. Brown
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	10/5/17	

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
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 36002

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA