

Building Address: 8175 WESTSIDE BLVD STE. A  
City: FULTON State: MD Zip Code: 20759  
Suite/Apt. #: A SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: B31 Tax Map: 0041 Parcel: 0116  
Existing Use: VACANT  
Proposed Use: DENTAL OFFICE  
Estimated Construction Cost: \$ 230,000.00  
Description of Work: NEW CONSTRUCTION OF PARTIAL HVAC, PLUMBING, ELECTRICAL SYSTEM(S); INTERIOR NON-BEARING PARTITIONING, INTERIOR FLOOR & FINISHES, CEILING TILE & GRID AND INSTALLATION OF DENTAL-SPECIFIC EQUIPMENT  
Occupant/Tenant Name: FRESH DENTAL GROUP  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: MARKETPLACE RETAIL VI LLC  
Address: 1829 REISTERTOWN RD, STE 300  
City: BALTIMORE State: MD Zip Code: 21208  
Phone: 410.484.8400 Fax: \_\_\_\_\_  
Email: MBENNETT@GREENEBAUM.COM  
Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: KEVIN WISE  
Address: 7524 MAIN ST, STE 201  
City: SYKESVILLE State: MD Zip Code: 21784  
Phone: 443.388.1702 Fax: \_\_\_\_\_  
Email: KWISE@BRIDGEWORKSCORP.COM  
Contractor Company: BRIDGEWORKS CONSTRUCTION LLC  
Contact Person: KEVIN WISE  
Address: 7524 MAIN ST, STE 201  
City: SYKESVILLE State: MD Zip Code: 21784  
License No.: 06427657  
Phone: 443.388.1702 Fax: \_\_\_\_\_  
Email: KWISE@BRIDGEWORKSCORP.COM  
Engineer/Architect Company: SHARPE ENGINEERING INC  
Responsible Design Prof.: JOHN R. SHARPE  
Address: 130 FUTURA DRIVE, STE 200  
City: LIMECK TWP State: PA Zip Code: 19464  
Phone: 610.489.8212 Fax: 610.489.8213  
Email: JRSHARPE@SHARPE-ENG.COM

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth Width
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): <u>2886</u>	2 <sup>nd</sup> floor: _____
Use group: <u>B</u>	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 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: _____
➤ 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

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
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 checked="" type="checkbox"/> No
Grading Permit Number:
_____
Building Shell Permit Number:
<u>B18001249</u>

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: Kevin L Wise  
Email Address: KWISE@BRIDGEWORKSCORP.COM

Print Name: KEVIN L WISE  
Date: 9.27.19

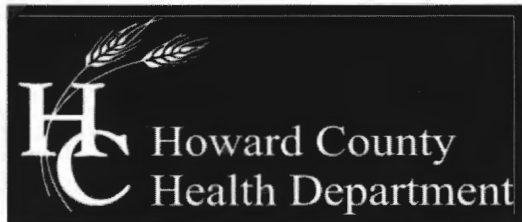
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/16/19</u>	<u>[Signature]</u>

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	\$ <u>200.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ <u>7478</u>
Check	# _____



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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October 16, 2019

**RE: Fresh Dental Group  
8175 Westside Blvd. Suit A  
Building #9 Fulton, MD 20759**

To Whom It May Concern:

This letter is in response to building permit **B19003252**. 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 410 313-6357 if you would like to discuss the project in more detail.

Respectfully,  
Robert Freemon

Well & Septic Program  
Bureau of Environmental Health