

PERMIT NUMBER: B 21054466

DATE ACCEPTED:

COMMERCIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 9090 Whiskey Bottom Rd		Unit:
City: Laurel	State: MD	Zip Code: 20723
Subdivision/Village/Complex Name:		SDP/WP/BA #: 05-90
Lot:	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Commercial/Industrial	Proposed Use: Commercial/Industrial	Estimated Cost: \$ 4,000,000
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Renovation of existing warehouse 13000 sq ft		
Interior renovation and 12,000 addition		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Nestle Dreyer Ice Cream Inc		
Owner's Street Address: 9090 Whiskey Bottom Rd		
City: Laurel	State: MD	Zip Code: 20723
Phone: 301-317-3700	Email:	

TENANT INFORMATION REQUIRED

Business Name: Nestle Dreyer Ice Cream Inc		Contact Name: Chuck Ebert
Street Address: 9090 Whiskey Bottom Rd		
City: Laurel	State: MD	Zip Code: 20723
Phone: 443-864-9771	Email: chuck.beret@us.nestle.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Nestle Dreyer Ice Cream Inc		Contact Name: Edward Bomberger
Street Address: 9090 Whiskey Bottom Rd		
City: Laurel	State: MD	Zip Code: 20723
Phone: 443-725-8719	Email: edward.bomberger@us.nestle.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: TISD		License #: edward.bomberger
Licensee's Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: Hargrove Linc Services LLC		Name: Justin Pagliaro
Street Address: 1880 John F Kennedy Blvd Suite 700		
City: Philadelphia	State: PA	Zip Code: 19103
Phone: 215-980-3166	Email: jpagliaro@hargrove-fac.com	

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input 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 type="checkbox"/> No <input type="checkbox"/> Yes:#
Sprinkler System: <input 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: 13000 sq ft	Gross Area: 395375 sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input 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	Occupiable 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	DATE SIGNED: 11/12/2021
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FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 12/7/21	<input type="checkbox"/> SHA
<input type="checkbox"/> CID				
SUBMITTAL FEES: 200.00	PAYMENT: CK # 131	ACCEPTED BY: [Signature]		

PERMIT NUMBER: B 21003968 DATE ACCEPTED: 10/8/2021



COMMERCIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

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BUILDING SITE ADDRESS REQUIRED

Street Address: 9090 Whiskey Bottom Road		Unit:
City: LAUREL	State: MD	Zip Code: 20723
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Commercial/Industrial	Proposed Use: Commercial/Industrial	Estimated Cost: \$ 1,000,000
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
REMOVAL OF EXISTING SPACE TO SUPPORT INSTALLATION OF TRUCKS FOR PRODUCTION, WAREHOUSE		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Nestle Meyers Ice Cream Inc		
Owner's Street Address: 1010 Whiskey Bottom Rd		
City: LAUREL	State: MD	Zip Code: 20723
Phone: 301-317-5700	Email:	

TENANT INFORMATION REQUIRED

Business Name: Nestle Meyers Ice Cream		Contact Name: CHUCK ECKERT
Street Address: 1010 Whiskey Bottom Rd		
City: LAUREL	State: MD	Zip Code: 20723
Phone: 442-869-9291	Email: CHUCK.ECKERT@US.NESTLE.COM	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Nestle Meyers Ice Cream		Contact Name: RIFWDO. ESPINOZA
Street Address: 1010 Whiskey Bottom Rd		
City: LAUREL	State: MD	Zip Code: 20723
Phone: 301-536-3850	Email: RIFWDO.ESPINOZA@US.NESTLE.COM	

CONTRACTOR INFORMATION REQUIRED

Business Name: THE WHITING-TURNER CONTRACTING CO.		
Licensee's Name: JON WILSON		License #: 03423865
Street Address: 300 EAST VOPPA RD		
City: TOWSON	State: MD	Zip Code: 21286
Phone: 443-484-7413	Email: JON.WILSON@WHITING-TURNER.COM	

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: TAI ENGINEERING		Name: JONAS FREI
Street Address: 600 RED BROOK ROAD, Suite 300		
City: OWINGS MILLS	State: MD	Zip Code: 21117
Phone: 410-431-7668 / 410-677-7755	Email: JCFREI@TAIENGINEERING.COM	

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input 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 type="checkbox"/> No <input type="checkbox"/> Yes:#
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Area of Construction: 3000 sq ft	Gross Area: 595,325 sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input 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	Occupiable Area: sq ft

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APPLICANT'S ORIGINAL SIGNATURE: [Signature]	DATE SIGNED: 10/5/2021
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AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 12/7/21
<input type="checkbox"/> SHA	<input type="checkbox"/> CID		
SUBMITTAL FEES: 200.00	PAYMENT: [Signature]	ACCEPTED BY: [Signature]	