

PERMIT NUMBER: B 22001723

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](http://www.howardcountymd.gov)

#### BUILDING SITE ADDRESS REQUIRED

Street Address: <b>2400 Route 97</b>		Unit:
City: <b>Cooksville</b>	State: <b>MD</b>	Zip Code: <b>21723</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

#### DESCRIPTION OF WORK REQUIRED

Existing Use: <b>Community Center</b>	Proposed Use: <b>Community Center</b>	Estimated Cost: <b>\$80,000</b>
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
<b>Interior renovation to provide gender neutral family toilet room with accessible toilet, shower, adult changing table and patient lift (alternate design). Capital project: C0365-9006</b>		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): <b>Howard County Government</b>		
Owner's Street Address: <b>9200 Berger Rd</b>		
City: <b>Columbia</b>	State: <b>MD</b>	Zip Code: <b>21046</b>
Phone: <b>(410) 313-6135</b>	Email: <b>jorozco@howardcountymd.gov</b>	

#### TENANT INFORMATION REQUIRED

Business Name: <b>Same as property owner</b>		Contact Name:
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

#### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: <b>Howard County Department of Public Works</b>		Contact Name: <b>Jason Orozco</b>
Street Address: <b>9200 Berger Rd</b>		
City: <b>Columbia</b>	State: <b>MD</b>	Zip Code: <b>21046</b>
Phone: <b>(410) 313-6135</b>	Email: <b>jorozco@howardcountymd.gov</b>	

#### CONTRACTOR INFORMATION REQUIRED

Business Name: <b>TBD</b>		
Licensee's Name:	License #:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

#### ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name: <b>Howard County Government</b>		Name: <b>Tae Jung</b>
Street Address: <b>9200 Berger Rd</b>		
City: <b>Columbia</b>	State: <b>MD</b>	Zip Code: <b>21046</b>
Phone: <b>(410) 313-1104</b>	Email: <b>tjung@howardcountymd.gov</b>	

#### BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input type="checkbox"/> Electric <input 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input checked="" 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: <b>200</b> sq ft	Gross Area: <b>200</b> sq ft	Height: _____ ft	# of Stories: _____
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input checked="" 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: <b>JASON OROZCO</b>	DATE SIGNED: <b>04/25/2022</b>
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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 type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health <b>28 5/25/22</b> <input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:	

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

Date: 04/25/2022

To: Plans Review Department of Inspections, Licenses and Permits  
 (Reviewer/Requestor's Name) (Division)

From: Jason Orozco, Howard County Dept of Public Works, Bureau of Facilities (410) 313-6135  
 (Your Name, Company Name) (Phone Number)

Subject: Project name Gary J. Arthur Toilet Room Renovation  
 Project site address 2400 Route 97, Cooksville, MD 21723  
 Permit # \_\_\_\_\_ SDP # \_\_\_\_\_  
 Other information pertinent to this project Capital project: C0365-9006

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
  - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
  - Letter Summarizing Changes
  - Energy conservation calculations
  - Copies of \_\_\_\_\_ (be specific).  
 Health Department Request     DPZ/ DED Request     Applicant's Request
  - Two sets of single-family model plans to be placed on permanent file: Model Name/ # \_\_\_\_\_
  - Other Initial two sets of permit plans for the referenced job.

**Contact Person Information: (Required)**

Jason Orozco Telephone No: (410) 313-6135  
 Please Print Name E-Mail Address: jorozco@howardcountymd.gov

***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 SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.***

Received by \_\_\_\_\_

MAY 11 2022

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

Date: 05/10/2022

To: FRONT COUNTER - INCOMPLETE Department of Inspections, Licenses and Permits  
(Reviewer/Requestor's Name) (Division)

From: Jason Orozco, Howard County Dept of Public Works, Bureau of Facilities (410) 313-6135  
(Your Name, Company Name) (Phone Number)

Subject: Project name Gary J. Arthur Toilet Room Renovation  
Project site address 2400 Route 97, Cooksville, MD 21723  
Permit # B22001723 SDP # \_\_\_\_\_  
Other information pertinent to this project Capital project: C0365-9006

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

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of 3RD SET FOR HEALTH DEPT REVIEW (be specific).  
 Health Department Request  DPZ/ DED Request  Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

Jason Orozco Telephone No: (410) 313-6135  
Please Print Name E-Mail Address: jorozco@howardcountymd.gov

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Received by [Signature]

**RECEIVED**

MAY 10 2022

LICENSES & PERMITS  
DIVISION