

Approved
RLE 5/12/2026

Record Detail * (This section is required.)

Permit Type: Building/Commercial/Alteration/NA
 Permit Number: B26000259
 Opened Date: 01/27/2026

Description of Work
 SUITE 301/HOWARD COUNTY FOOT & ANKLE/ INTERIOR ALTERATIONS TO INCLUDE: RENOVATE OFFICE SPACE TO RECONFIGURE WAITING AREA, RECEPTION AREA, BREAK ROOM, AND EXAM ROOMS.(X-RAY EQUIPMENT)

Online BP.
 4/30/26

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #: 8850
 Street Name: COLUMBIA 100
 Street Type: PKWY
 Unit Type: STE
 Unit #: 301
 X Coordinate: -76.81417
 Y Coordinate: 39.23248
 City: COLUMBIA
 State: MD
 Zip Code: 21045
 Primary: Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
882594	406	0	0	0	0	ELLICO

Legal Description
 IMPSP/O PAR J2 P/O 2.88A[8850 COLUMBIA 100 PKWY] JMDG CORPORATE CENTRE 100

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	J-2	602302	2				

Plan Area: 1402415836
 Section Area: 30
 Grid: 30-18
 SDP No.: SDP-03-121
 Record Plat No.: 13431
 Owner Occupied: Yes No
 Historic District Registry No.: 2-21
 Building No:

Owner (This section is not required.)

Search Reset Clear

Name *
 Howarc
 Address Line 1
 8860 Columbia 100 Parkway, Suite 206
 Address Line 2
 Address Line 3

Mail City: COLUMBIA
 Mail State: MD
 Mail Zip Code: 21045
 Phone: 714-829-8201
 Primary: Yes
 E-mail:

Cell Number

Fax Number

Professionals (This section is not required.)

License # * 21040013662
 License Type * Architect
 Primary No

Business Name TRANSFORMING ARCHITECTURE
 First Name KAREN Middle Name Last Name MOSEL
 Address Line 1 7612 BROWNS BRIDGE ROAD
 Address Line 2

City HIGHLAND State MD ZIP Code 20777-0000
 Phone 1 Phone 2 Fax

E-mail KARELYNNMOSEL@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
 Relationship Applicant
 Primary No

First Name KAREN MI Last Name PITSLEY
 Full Name KAREN PITSLEY
 Organization Name TRANSFORMING ARCHITECTURE
 Street Address 7612 BROWNS BRIDGE ROAD
 Address Line 2

City HIGHLAND State MD Zip Code 20777
 Phone 3017762666 Cell 3017762886 Fax

E-mail * info@transformingarchitecture.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact
 Relationship Licensed Professional
 Primary Yes

First Name KAREN MI Last Name PITSLEY
 Full Name KAREN PITSLEY
 Organization Name T/B/D
 Street Address 7612 BROWNS BRIDGE ROAD
 Address Line 2

City HIGHLAND State MD Zip Code 20777 000
 Phone 3017762666 Cell Fax

E-mail info@TRANSFORMINGARCHITECTURE.COM

Addtl Info

Est Construction Cost * 120000
 Housing Units * 0
 Number of Buildings * 0
 Public Owned No

Construction Type 437 - Additions, Alterations and Conversions - Commercial

COMMERCIAL ALTERATION

BUILDING INFORMATION

Expedited Review * Capital Project-No Fee * Capital Project Number Fee Exempt * Fee Exempt Group

Revi

Yes No **Roadside Tree Project Permit** Yes No **Roadside Tree Project Permit #**
 (Text) Yes No **Was Tenant Space previously occupied**
Tenant *
 Howard County Foot & Ankle
Shell Permit Number (Text) **Use Group** --Select--
Minor Alteration * **Downtown Tax Square Footage** (Number) **State Certified Module** * (Text)
 Yes No **No of Stories** (Number) **Height** (Number)
U&O Issued On **U & O Comments**
 [check spelling](#)

Previous Use *
 Business (Text) **Proposed** *
 Business
Construction Type
 IIB Unprotected Non-Combustible
Plan Submittal
 (Number) Electronically by Invitation from Project
Gross Area - Sq Foot Per Floor
 SQFT (Number)

UTILITY INFORMATION

Water Supply *
 Public
Sewage Disposal *
 Public
Utilities *
 Electric
Heating System *
 Electric
Geothermal *
 Yes No

Sprinkler System *
 Full
Fire Alarm
 Yes No

GREEN BUILDING INFORMATION

Goal Level --Select--
Actual Level --Select--
Leed Registration Number (Text)
Date of Leed Certification

Submit Cancel



Date: Thursday, January 29, 2026

Tenant Letter – Howard County Foot and Ankle, LLC

To Whom It May Concern,

This letter is submitted in support of a permit application for a podiatry clinic located in Howard County, Maryland. The following information describes the tenant's operations, storage practices, and equipment within the premises.

General Description of Tenant Operations

The tenant operates an outpatient podiatry medical clinic providing evaluation, diagnosis, and treatment of foot and ankle conditions. Services include patient consultations, routine podiatric care, minor in-office procedures, and follow-up visits. The clinic functions solely as a medical office and does not conduct manufacturing, laboratory processing, or industrial activities.

Storage Details

The clinic stores standard medical office and podiatric supplies, including medical instruments, disposable medical supplies, personal protective equipment, small medical devices, office supplies, and patient records.

All items are stored in an orderly manner using enclosed cabinets, medical-grade shelving, drawers, and designated storage closets located within treatment rooms and administrative areas. No flammable, hazardous, or bulk storage materials are maintained on site beyond those customarily used in a medical office setting. Shelving and cabinetry will be used to store durable medical equipment such as boots and braces. All machinery such as centrifuge and autoclave machines will be at countertop height with proper ventilation and maintenance measures.

The maximum height at which items are stored does not exceed approximately six (6) feet and remains below ceiling level, in compliance with applicable safety and fire code requirements.

All medical instrumentation will be properly sterilized with keen attention to infection control and waste/sharps management. Medical supplies include dressing supplies such as gauze, gloves, masks, gloves.

Imaging Equipment

The clinic is equipped with a podiatry-specific digital X-ray unit used exclusively for diagnostic imaging of the foot and ankle. The equipment is located within a designated treatment or imaging area and is operated in accordance with all applicable federal, state, and local

Howard County Foot & Ankle, LLC
7444 f: 410-753-4447

8860 Columbia 100 Pkwy, Ste 206, Columbia, MD 21045 p: 410-405-

regulations, including radiation safety and shielding requirements. No advanced imaging (such as CT or MRI) is performed on site.

This information is provided for permitting and regulatory review purposes. Please contact our office if additional information is required.

Best wishes,

Dr. Christina Bui

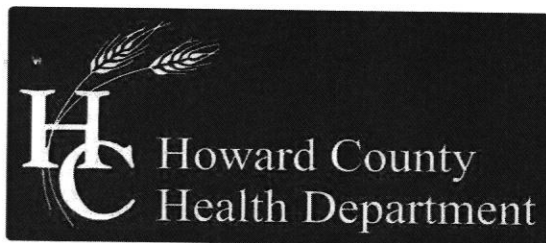
Section Chief, Johns Hopkins Howard County Medical Center

Howard County Foot & Ankle

8860 Columbia 100 Pkwy, Suite 205/206

Columbia, MD 21045

p: 410-405-7444 e: drbui@hocofootankle.com



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

December 17, 2025

RE: B26000259

To Whom It May Concern:

This letter is in response to building permit **B26000259**. 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

A handwritten signature in cursive script, appearing to read 'Robert Freemon', is written in black ink.

Well & Septic Program
Bureau of Environmental Health