

Approved 5/19/26  
-H.O.

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type  Permit Number  Opened Date

Description of Work  
PDS HEALTH/DENTAL OFFICE, NON STRUCTURAL PARTITIONS, TWO RESTROOMS,  
MECHANICAL DISTRIBUTION SUPPLY/RETURNS, PLUMBING, T-BAR CEILING, LIGHTS,  
OUTLETS, SWITCHES

Online BP, MDE x-ray letter required.  
5/19/26

[check spelling](#)

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #  Street Name  Street Type

Unit Type  Unit #  X Coordinate  Y Coordinate

City  State  Zip Code  Primary

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
922263	547	11.75	10236600	40715700	30479100	COLUMB

Legal Description  
IMPSPAR R 11.7585 A[ ]8221 GATEWAY OVERLOOK D[ ]BENSON EAST INCL RSB

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	R	606703	2				
Plan Area		State Tax Id 1416216070		Subdivision Name Benson East			
Section		Area		Tax Map 43			
Grid 37-20		Zoning District NT		ADC Map 5054-D1			
SDP No. SDP-04-163		Final Plan No. F-05-058		WP File No.			
Record Plat No. 18444-1845		WS Contract No.		FDP No.	Primary Yes		
Owner Occupied <input type="radio"/> Yes <input checked="" type="radio"/> No		Year Built 2007		Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area 6-10		Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner (This section is not required.)

Search Reset Clear

Name

Address Line 1

Address Line 2

Address Line 3

Mail City

Mail State

Mail Zip Code

Phone

Primary

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # \* 21040019798  
 License Type \* Architect  
 Primary No

Business Name N/A  
 First Name JULIE Middle Name Last Name MARGETICH  
 Address Line 1 2044 CALIFORNIA AVE  
 Address Line 2

City CORONA State CA ZIP Code 92881-0000  
 Phone 1 9515825745 Phone 2 Fax  
 E-mail MARGETICHJ@PACDEN.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant  
 Relationship Applicant  
 Primary No

First Name JULIE MI Last Name MARGETICH  
 Full Name  
 Organization Name T/B/D  
 Street Address 2044 CALIFORNIA AVE  
 Address Line 2

City CORONA State CA Zip Code 92881-0000  
 Phone 9515825745 Cell Fax  
 E-mail MARGETICHJ@PACDEN.COM

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact  
 Relationship Applicant  
 Primary Yes

First Name Donald MI Last Name Webb  
 Full Name Donald Webb  
 Organization Name

Street Address 2044 California ave  
 Address Line 2

City Corona State CA Zip Code 92881  
 Phone 949-358-7439 Cell Fax  
 E-mail permits@creg.com

Addtl Info

Est Construction Cost \* 260260  
 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 --Select--

(Text)

Revi

Yes  No  
 Roadside Tree Project Permit #  Yes  No  
 Roadside Tree Project Permit # (Text)  Yes  No  
 Was Tenant Space previously occupied \*  
 Yes  No  
 Tenant (Text)  (Text)  --Select--  
 DBA is TBD. Dental Office  
 Minor Alteration \*  Yes  No  
 Downtown Tax Square Footage (Number)  Yes  No  
 State Certified Module \* (Number)  Yes  No  
 No of Stories (Number) Height  
 U & O Comments  
 U&O Issued On

Previous Use \*  
 Floor Wax business (Text)  
 Construction Type  
 --Select--  
 Plan Submittal  
 (Number) --Select--  
 Gross Area - Sq Foot Per Floor  
 SQFT (Number)

UTILITY INFORMATION  
 Water Supply \* Public  
 Sewage Disposal \* Public  
 Utilities \* Electric  
 Heating System \* Natural Gas  
 Geothermal \*  Yes  No

Sprinkler System \* Full  
 Fire Alarm  Yes  No

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

Submit Cancel

[check spelling](#)

## Oswald Jr, Woodin

---

**From:** Oswald Jr, Woodin  
**Sent:** Tuesday, May 19, 2026 3:04 PM  
**To:** 'margetichj@pacden.com'  
**Subject:** B26001284\_8221 Gateway Overlook Drive\_x ray equipment  
**Attachments:** B26001284\_8221 Gateway Overlook Drive.pdf

Hi Ms. Margetich,

Good afternoon. Attached, please find our standard x-ray notification letter regarding building permit # **B26001284**.

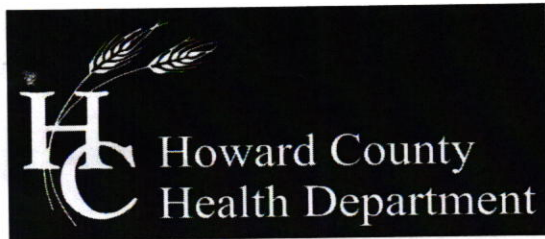
Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

DISCLAIMER: This e-mail is intended only for the individual to whom it is addressed. It may be used only in accordance with applicable laws. If you are not the intended recipient, you are strictly prohibited from reading, disseminating, distributing, or copying this message. If you received this e-mail by mistake, please notify the sender and destroy this e-mail



## 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](https://twitter.com/HowardCoHealthDep)

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

---

May 19, 2026

Julie Margetich  
2044 California Avenue  
Corona, CA 92881

Sent via email to: [margetichj@pacden.com](mailto:margetichj@pacden.com)

**RE: BP# B26001284**  
**8221 Gateway Overlook Drive**  
**Elkridge, MD 21075**

To Whom It May Concern:

This letter is in response to building permit B26001284. 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 410 313-1771 if you would like to discuss the project in more detail.

Respectfully,

*Hank Oswald*

Hank Oswald  
Program Manager, Well & Septic Program  
Bureau of Environmental Health