



OTHER NON RESIDENTIAL BLDG  
PERMIT  
St. Mary's County

PERMIT NUMBER  
NONRES23-0161

|                                                             |                                  |
|-------------------------------------------------------------|----------------------------------|
| PERMIT TYPE: OTHER NON RESIDENTIAL BLDG                     | TAX ID NO: 1908111928            |
| PERMIT SUB TYPE:                                            | TOTAL WORK VALUE: \$10,000.00    |
| JOB ADDRESS: 45500 MIRAMAR WAY                              | PERMIT EXPIRATION DATE: 3/2/2025 |
| DESCRIPTION: Freezer @ Checkers                             |                                  |
| APPLICANT: Britney Wurm                                     | PHONE: 6164370506                |
| MAILING ADDRESS: 6594 Kies St NE Rockford, MI 49341         | FAX:                             |
| CONTRACTOR:                                                 | PHONE:                           |
| MAILING ADDRESS: ,                                          | FAX:                             |
| OWNER: MARYLAND MANOR HOLDINGS LLC                          | PHONE: 4438220017                |
| MAILING ADDRESS: C/O JEROME FELDMAN ANNAPOLIS, MD 214010000 | FAX:                             |
| ARCHITECT:                                                  | PHONE:                           |
| MAILING ADDRESS: ,                                          | FAX:                             |

|                           |   |               |   |
|---------------------------|---|---------------|---|
| NON-HABITABLE             |   |               |   |
| AREAWAY TO BASEMENT:      | 0 | BREEZEWAY SF: | 0 |
| NON-HABITABLE BASEMENT:   | 0 | CAR PORT SF:  | 0 |
| NON-HABITABLE 1ST FL STO: | 0 | DECK SF:      | 0 |
| NON-HABITABLE 2ND FL STO: | 0 | PORCH SF:     | 0 |
| NON-HABITABLE 3RD FL STO: | 0 | STOOP SF:     | 0 |
| ATT GARAGE 1ST FLR SF:    | 0 |               |   |

|                 |   |                           |   |
|-----------------|---|---------------------------|---|
| LIVING SPACE SF |   |                           |   |
| BASEMENT SF:    | 0 | 5TH FLOOR SF:             | 0 |
| 1ST FLOOR SF:   | 0 | 2ND FLOOR ABOVE GARAGE:   | 0 |
| 2ND FLOOR SF:   | 0 | NO OF BEDROOMS:           | 0 |
| 3RD FLOOR SF:   | 0 | QTY OF NEW DWELLING UNIT: | 0 |
| 4TH FLOOR SF:   | 0 | REPLACEMENT DWELLING:     |   |

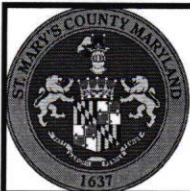
|                           |     |                           |   |
|---------------------------|-----|---------------------------|---|
| ACCESSORY STRUCTURE       |     |                           |   |
| TYPE OF POOL:             |     | DET ACC STRUC 3RD FLR SF: | 0 |
| DET ACC STRUC 1ST FLR SF: | 112 | GROUND MOUNTED SOLAR:     | 0 |
| DET ACC STRUC 2ND FLR SF: | 0   | CAR PORT SF:              | 0 |

|                       |     |                        |   |
|-----------------------|-----|------------------------|---|
| STRUCTURE DESCRIPTION |     |                        |   |
| ELECTRIC:             | YES | NO OF STORIES:         | 0 |
| PLUMBING:             | NO  | STRUCTURE DESCRIPTION: |   |
| HVAC:                 | NO  |                        |   |

|                      |          |                  |     |
|----------------------|----------|------------------|-----|
| PROPERTY DESCRIPTION |          |                  |     |
| SETBACK - FRONT:     | per plan | PUBLIC WATER:    | YES |
| SETBACK - LEFT:      | per plan | PUBLIC SEWER:    | YES |
| SETBACK - RIGHT:     | per plan | DEED REF. FOLIO: | 0   |
| SETBACK - REAR:      | per plan | DEED REF. LIBER: | 0   |

|                               |
|-------------------------------|
| COMMENTS                      |
| main file, ready for issuance |

| CONDITIONS                                                                                                              |           |        |            |            |                |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--------|------------|------------|----------------|
| CONDITION TYPE                                                                                                          | CONTACT   | STATUS | DATE ADDED | DATE REQ'D | DATE SATISFIED |
| ELECTRICAL CODE                                                                                                         | AThompson | Active | 1/31/2023  |            |                |
| Electrical work must comply with NEC 2020 Code. Application for inspections must be made before you start construction. |           |        |            |            |                |



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|                                                                                                                                                                                                                                                                                                                            |           |        |           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-----------|--|--|
| COMMERCIAL BUILDING CODE                                                                                                                                                                                                                                                                                                   | AThompson | Active | 1/31/2023 |  |  |
| Construction must comply with IBC 2018 Code. Application for inspections must be made before you start construction.                                                                                                                                                                                                       |           |        |           |  |  |
| ZONING INSPECTION AUTHORIZED                                                                                                                                                                                                                                                                                               | AThompson | Active | 1/31/2023 |  |  |
| By making this application, I agree and consent for employees / agents of St.Mary's County Department of Land Use and Growth Management to enter upon the land, during normal business hours, to conduct such inspections as may be required or necessary to determine compliance with the Comprehensive Zoning Ordinance. |           |        |           |  |  |
| COMMERCIAL USE DISCLAIMER                                                                                                                                                                                                                                                                                                  | AThompson | Active | 1/31/2023 |  |  |
| Caution: The issuance of this permit does not eliminate the need to obtain the required approvals of other Federal, State or County agencies.                                                                                                                                                                              |           |        |           |  |  |
| INSURANCE DISCLAIMER                                                                                                                                                                                                                                                                                                       | AThompson | Active | 1/31/2023 |  |  |
| Caution: The issuance of this permit does not guarantee that licensed contractors have valid nor adequate liability insurance. It is recommended that property owners request and contractors provide proof of insurance prior to allowing the contractor to start work.                                                   |           |        |           |  |  |

| REVIEWS     |         |        |           |            |         |
|-------------|---------|--------|-----------|------------|---------|
| REVIEW TYPE | CONTACT | STATUS | DATE SENT | DATE REC'D | REMARKS |

| FEES                     |                   |          |                |
|--------------------------|-------------------|----------|----------------|
| DESCRIPTION              | ACCOUNT           | QUANTITY | PAID AMOUNT    |
| CERTIFICATE OF OCCUPANCY | 001-1308-322-1716 | 0        | \$20.00        |
| PRINCIPAL STRUCTURE      | 001-1307-322-1704 | 112      | \$20.00        |
| ZONING PERMITS           | 001-1307-322-1702 | 0        | \$20.00        |
|                          |                   |          | TOTAL: \$60.00 |

Permit Official: *M. Higgs*

Issued By: MHiggs1

Date: 3/3/2023