

Online Permit  
Approved 9/25/20  
B20003232

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Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B20003232	09/24/2020
Description of Work		
SFD/ INTERIOR REMODEL OF MAIN FLOOR TO INCLUDE NEW RAILS ON STAIRS, KITCHEN, MUDROOM, LAUNDRY AND NEW UTILITY SINK LOCATION IN GARAGE, APX 850 SQ FT		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
11222	KINSALE	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.90418	39.24303
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	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
922056	20	1.13	302400	1507100	1204700	RURAL
Legal Description						
IMPSLOT 34 1.133 A[ ]11222 KINSALE CT[ ]RIVERWOOD PHASE 1						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
21	34	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403345408	Riverwood					
Section	Area	Tax Map					
		29					
Grid	Zoning District	ADC Map					
29-4	RC-DEO	4934-F2					
SDP No.	Final Plan No.	WP File No.					
	F-04-082						
Record Plat No.	WS Contract No.	FDP No.					
18031-1804							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2008	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-09A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

**Owner** (This section is not required.)

Search      Reset      Clear

**Name \***

BISHOP JOHN PAUL

**Address Line 1**

11222 KINSALE CT

**Address Line 2**

**Address Line 3**

**Mail City**

ELLCOTT CITY

**Mail State**

MD

**Mail Zip Code**

21042

**Phone**

443-253-5504

**Primary**

Yes

**E-mail**

birdbishop4@gmail.com

**Cell Number**

443-253-5504

**Fax Number**

**Professionals** (This section is not required.)

Search      Reset      Clear

**License # \***

08010090373

**Business Name**

SMITHOUSE CONSTRUCTION

**License Type \***

MHIC Ind

**First Name**

DAVE

**Middle Name**

CHRISTOPHER

**Last Name**

SMITH

**Primary**

Yes

**Address Line 1**

232 COCKEYSVILLE RD SUITE B-200

**Address Line 2**

**City**

COCKEYSVILLE

**State**

MD

**ZIP Code**

21030-0000

**Phone 1**

4103716524

**Phone 2**

**Fax**

4436608918

**E-mail**

DAVE@SMITHOUSE.COM

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

**Type \***

Applicant

**First Name**

Josh

**MI**

**Last Name**

Rittler

**Relationship**

--Select--

**Full Name**

Josh Rittler

**Primary**

No

**Organization Name**

Smithouse Construction, LLC

**Street Address**

232 Cockeysville Rd, Suite B200

**Address Line 2**

**City**

**State**

**Zip Code**

Cockeysville	MD	21030
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>
410-329-1262	410-967-1737	443-682-8380
<b>E-mail *</b>		
josh@smithouse.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Contact	Josh		Rittler
<b>Relationship</b>	<b>Full Name</b>		
Licensed Professiona	Josh Rittler		
<b>Primary</b>	<b>Organization Name</b>		
Yes	Smithouse Construction, LLC		
<b>Street Address</b>			
232 Cockeysville Rd, Suite B200			
<b>Address Line 2</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
Cockeysville	MD	21030	
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>	
410-329-1262	410-967-1737	443-682-8380	
<b>E-mail</b>			
josh@smithouse.com			

Addtl Info

<b>Est Construction Cost *</b>	<b>Housing Units *</b>	<b>Number of Buildings *</b>	<b>Public Owned</b>
180000	0	0	No
<b>Construction Type</b>			
--Select--			

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

<b>Total Square Footage *</b>	<b>Bedrooms</b>	<b>Full Baths</b>	<b>Half Baths</b>	<b>Water *</b>	<b>Sewage *</b>	<b>Existing Utilities *</b>
850	0	0	1	Private	Private	Gas
<b>Existing Heating System *</b>	<b>Existing Sprinkler System *</b>	<b>Type of New Fireplace</b>	<b>Expiration Date</b>	<b>Fee Exempt *</b>		
Electric & Natural Gas	None	--Select--	3/23/2021	<input type="radio"/> Yes <input checked="" type="radio"/> No		

PAYMENT INFORMATION

<b>Check 1</b>	<b>Payee 1</b>	<b>Check 2</b>	<b>Payee 2</b>	<b>SAP Doc No</b>	<b>SAP Entered</b>

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