

Record Detail * (This section is required.)

Permit Type: Building/Residential/Misc/Deck
Permit Number: B23003790
Opened Date: 09/18/2023
Description of Work: SFD//CONSTRUCT A 329 SQFT IRREGULAR SHAPED DECK W/4X4 LANDING & STEPS

Online BP.
-ZS

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street #: 11270, Street Name: INDEPENDENCE, Street Type: WAY
Unit #: -Select-, X Coordinate: -76.90308, Y Coordinate: 39.23606
City: ELLICOTT CITY, State: MD, Zip Code: 21042, Primary: Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID: 922652, Parcel: 28, Parcel Area: 1.14, Land Value: 291400, Improved Value: 1455300, Exemption Value: 1163900, Plan Area: RURAL
Legal Description: IMPSLOT 61 1.144 A[]11270 INDEPENDENCE WAY[]HOMEWOOD CROSSING PH 2

check spelling

Block: 9, Lot: 61, Census Tract: 605101, Council Dist: 5, Inspection Dist, Supervisor Dist, Map #, DAP Zone
Plan Area, State Tax Id: 1405443245, Subdivision Name: Homewood Crossing
Section, Area, Tax Map: 29
Grid: 29-10, Zoning District: RC-DEO, ADC Map: 4934-F3
SDP No., Final Plan No.: F-05-031, WP File No.
Record Plat No.: 18240-1824, WS Contract No., FDP No., Primary: Yes
Owner Occupied: No, Year Built: 2014, Historic District: No
Historic District Registry No., Stat Area: 5-03, Flood Plain: No
Building No.

Owner * (This section is required.)

Search Reset Clear
Name: SITARAM PRADIP
Address Line 1: 11270 INDEPENDENCE WAY
Address Line 2
Address Line 3
Mail City: ELLICOTT CITY, Mail State: MD, Mail Zip Code: 21043
Phone: 443-643-7643, Primary: Yes
E-mail

Approved Septic System Plan
Howard County Health Department
Signature: DBernard, Date: 9-26-23

Cell Number Fax Number

Professionals (This section is not required.)

License # * 08050050888
 License Type * MHIC Co
 Primary Yes

Business Name ALLIED REMODELING CORPORATION

First Name EDWARD Middle Name Last Name CHMAR

Address Line 1 1212 E JOPPA ROAD
 Address Line 2 1212 EAST JOPPA RD.

City TOWSON State MD ZIP Code 21286

Phone 1 410-769-9700 Phone 2 Fax 410-769-9702
 E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
 Relationship Applicant
 Primary Yes

First Name MICHELLE MI Last Name CLANCY

Full Name MICHELLE CLANCY

Organization Name APPLIED & APPROVED PERMITS LLC

Street Address P.O. BOX 310
 Address Line 2

City PERRY HALL State MD Zip Code 21128

Phone 443-340-1229 Cell Fax

E-mail * MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost * 35000
 Housing Units * 0
 Number of Buildings * 0
 Public Owned No

Construction Type 434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee * Yes No
 Capital Project Number
 Fee Exempt * Yes No
 Roadside Tree Project Permit * Yes No
 Roadside Tree Project Permit #

Existing Use * SFD
 Water Private Sewage Private Expiration Date 3/19/2024

Submit Cancel

