

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B24000470 Opened Date 02/14/2024

Description of Work SFD/ALTERATIONS TO EXISTING DWELLING TO INCLUDE: FIRST FLOOR KITCHEN REMODEL, WIDEN OPENING BETWEEN KITCHEN & LIVING ROOM, APPROXIMATELY 500 SQFT. MASTER BATHROOM REMODEL TO INCLUDE: NEW FINISHES AND FIXTURES. LOCATIONS REMAIN THE SAME, APPROXIMATELY 150 SQ FT.

check spelling

Online BP.

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 13596 Street Name JULIA MANOR Street Type WAY Unit Type -Select- Unit # X Coordinate -76.98369 Y Coordinate 39.2746 City WEST FRIENDSHIP State MD Zip Code 21794 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 910837 Parcel 7 Parcel Area 41561 Land Value 160000 Improved Value 1000000 Exemption Value 840000 Plan Area RURAL

Legal Description IMPSLOT 21 41561 SQ[]13596 JULIA MANOR WAY[]THE PADDOCKS EAST

check spelling

Block 21 Lot 21 Census Tract 603000 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone Plan Area State Tax Id 1403341968 Subdivision Name THE PADDOCKS EAST Section Area Tax Map 22 Grid Zoning District RR-DEO ADC Map 4813-C7 SDP No. Final Plan No. F-03-112 WP File No. Record Plat No. 16835 WS Contract No. FDP No. Primary Yes Owner Occupied Year Built 2006 Historic District Flood Plain Building No

Owner (This section is not required.)

Search Reset Clear

Name JOHNSON DEAN M Address Line 1 13596 JULIA MANOR WAY Address Line 2

Address Line 3

Mail City WEST FRIENDSHIP Mail State MD Mail Zip Code 21794 Phone 443-315-7752 Primary Yes E-mail

Cell Number Fax Number

Approved Septic System Plan Howard County Health Department DBernard 2-28-24 Signature Date B24000470

Professionals (This section is not required.)

License # *
 08050129673
License Type *
 MHIC Co
Primary
 Yes

Business Name
 CORNERSTONE REMODELING LLC
First Name **Middle Name** **Last Name**
 WILLIAM
 BALLANTINE

Address Line 1
 3273 PINE ORCHARD LANE
Address Line 2

City **State** **ZIP Code**
 ELLICOTT CITY MD 21042-0000
Phone 1 **Phone 2** **Fax**
 4103367011
E-mail
 AJ@CORNERSTONE.HOUSE

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
 Applicant
Relationship
 Applicant
Primary
 No

First Name **MI** **Last Name**
 WILLIAM
 BALLANTINE

Full Name
 WILLIAM BALLANTINE
Organization Name
 CORNERSTONE REMODELING LLC
Street Address
 3273 PINE ORCHARD LANE
Address Line 2

City **State** **Zip Code**
 ELLICOTT CITY MD 21042 000
Phone **Cell** **Fax**
 4103367011
E-mail *
 Sales@CORNERSTONE.HOUSE

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
 Contact
Relationship
 Licensed Professional
Primary
 Yes

First Name **MI** **Last Name**
 WILLIAM
 BALLANTINE

Full Name
 WILLIAM BALLANTINE
Organization Name
 CORNERSTONE REMODELING LLC
Street Address
 3273 PINE ORCHARD LANE
Address Line 2

City **State** **Zip Code**
 ELLICOTT CITY MD 21042 000
Phone **Cell** **Fax**
 4103367011
E-mail
 SALES@CORNERSTONE.HOUSE

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
 250000 0 0 No

Construction Type
 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage * **No of Stories *** **Basement** **Bedrooms** **Full Baths** **Half Baths** **Water *** **Sewage ***
 650 SQFT 1 --Select-- 0 0 Private Private

Existing Utilities * **Existing Heating System *** **Existing Sprinkler System *** **Type of New Fireplace** **Expiration Date** **Fee Exempt ***
 Unknown Unknown None --Select-- 8/13/2024 Yes No