

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B24001347	04/14/2024

Description of Work
 SFD/ Construct 550 sq. ft. maintenance free deck with steps to grade onto rear of SFD. Deck to be irregular shaped.**SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Online B.P.
 gfb 4/15/24

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
3355	JENNINGS CHAPEL	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.08219
		Y Coordinate
		39.28177
City	State	Zip Code
WOODBINE	MD	21797
	Primary	
	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
11059053	140	3.37	318900	1256400	937500	RURAL

Legal Description
 IMPSLOT 3 3.372 A.[]3355 JENNINGS CHAPEL RD[]SQUARE WOODS

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	605601	5				
Plan Area		State Tax Id		Subdivision Name			
		1404601106		Square Woods			
Section		Area		Tax Map			
				20			
Grid		Zoning District		ADC Map			
20-5		RC-DEO		4811-G5			
SDP No.		Final Plan No.		WP File No.			
		ECP-17-036					
Record Plat No.		WS Contract No.		FDP No.	Primary		
24719-2472					Yes		
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		2022		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		4-08		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
 GOFORTH STEPHEN EDWARD

Address Line 1
 3355 JENNINGS CHAPEL RD

Address Line 2

Address Line 3

Mail City
 WOODBINE

Mail State
 MD

Mail Zip Code
 21797

Phone
 410-294-7708

E-mail

Primary
 Yes

Approved Septic System Plan
 Howard County Health Department
Dana Bernard 4-20-24
 Signature Date

Cell Number Fax Number

Professionals (This section is not required.)

License #
08010099528

License Type
MHIC Ind

Primary
Yes

Business Name
BERARDUCCI CONTRACTING

First Name **Middle Name** **Last Name**
✓ CHRISTOPHER BERARDUCCI

Address Line 1
✓ 1508 ABELL DRIVE

Address Line 2

City **State** **ZIP Code**
WESTMINSTER MD 21157-0000

Phone 1 **Phone 2** **Fax**
4437979409

E-mail
CFUCO1@HOTMAIL.COM

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type
Applicant

Relationship
Applicant

Primary
Yes

First Name **MI** **Last Name**
CHRIS M BERARDUCCI

Full Name
✓ CHRIS M BERARDUCCI

Organization Name
BERARDUCCI BUILDERS LLC

Street Address
1508 ABELL DRIVE

Address Line 2

City **State** **Zip Code**
WESTMINSTER MD ✓ 21157

Phone **Cell** **Fax**
443-797-9409

E-mail
CFUCO1@HOTMAIL.COM

Addtl Info

Est Construction Cost **Housing Units** **Number of Buildings** **Public Owned**
55000 0 0 No ✓

Construction Type
434 - Additions, Alterations and Conversions - Residential ✓

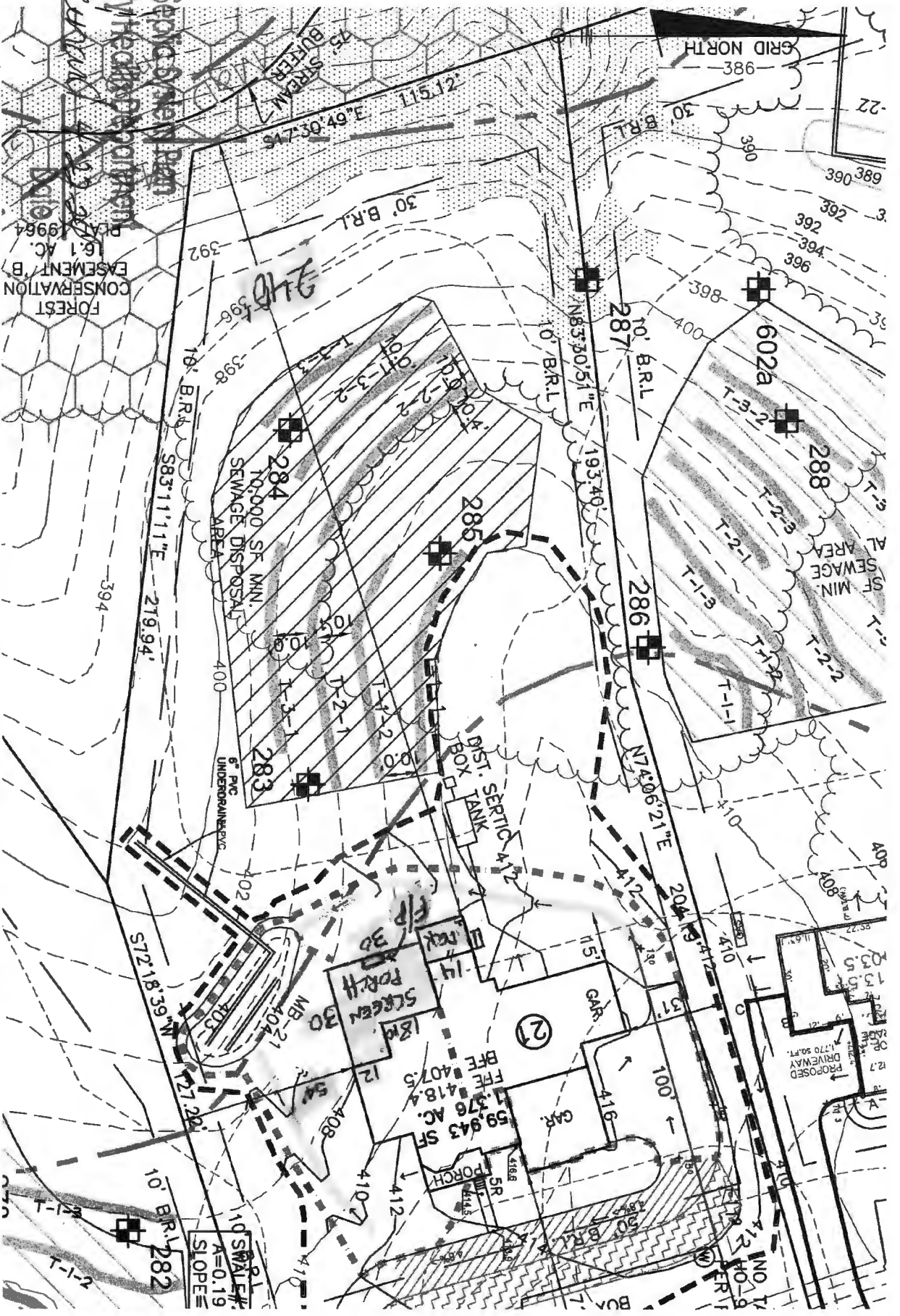
MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

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

Existing Use **Water** **Sewage** **Expiration Date**
SFD ✓ Private ✓ Private 10/12/2024 [a]

Submit **Cancel**



Approved Special Order Permit
 Howard County Health Department
Cama Stewart
 Signature

B24001347

GENERAL NOTES

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR THE MYRTLE

PLAN VIEW

1" = 40'