

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Commercial/Alteration/NA	B23004276	10/24/2023
Description of Work		
Suites 102 & 107/ JHCP-Johns Hopkins Community Physicians/ First floor interior reno to 6196SF of medical office suites. To include partitions, ceilings, lighting, electrical, mechanical, plumbing, sprinkler and life safety features.		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6350	STEVENS FOREST	RD
Unit Type	Unit #	X Coordinate
--Select--		-76.85431
		39.19814
City	State	Zip Code
COLUMBIA	MD	21046
	Primary	Yes

Sent x-ray letter. Approved.
JL 12/27/23

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
861284	431	5.79	5035500	12569300	7533800	COLUMB

Legal Description
IMPSPAR A1 5.786 A.[]6350 STEVENS FOREST RD[]VIL OF OWEN BROWN S5 A1

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	A 1	606701	3				
Plan Area	State Tax Id	Subdivision Name					
	1416144533						
Section	Area	Tax Map					
		36					
Grid	Zoning District	ADC Map					
36-14	NT	4935-D9					
SDP No.	Final Plan No.	WP File No.					
SDP-00-142							
Record Plat No.	WS Contract No.	FDP No.		Primary			
14552				Yes			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	2002	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	6-06	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

PSC STEVENS FOREST

Address Line 1

15 WALKER AVE SUITE 200

Address Line 2

Address Line 3

Mail City

BALTIMORE

Phone

301-440-7769

E-mail

Cell Number

Mail State

MD

Mail Zip Code

21754

Primary

Yes

Fax Number

Professionals (This section is not required.)

License # *
10136137
License Type *
Contractor
Primary
Yes

Business Name
RAMCO BUSINESS SERVICES LLC

First Name **Middle Name** **Last Name**
✓ JOESPH
Address Line 1
✓ 2510 URBANA PIKE STE 104
Address Line 2

City **State** **ZIP Code**
IJAMSVILLE MD 21754

Phone 1 **Phone 2** **Fax**
301-440-7769 301-865-0877

E-mail
JJARVIS@RAMCSOPERIMITS.COM

Applicant (This section is not required.)

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

Type * **First Name** **MI** **Last Name**
Applicant
Relationship
Applicant
Primary
No

✓ JOSEPH G JARVIS
Full Name
✓ JOSEPH G JARVIS
Organization Name
RAMCO LLC
Street Address
2510 Urbana Pike, Suite 104
Address Line 2

City **State** **Zip Code**
Ijamsville MD 21754

Phone **Cell** **Fax**
3014407769 3014407769

E-mail *
JJARVIS@RAMCOPERIMITS.COM

Contact (This section is not required.)

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

Type **First Name** **MI** **Last Name**
Contact
Relationship
Licensed Professional
Primary
Yes

✓ JOSEPH G JARVIS
Full Name
✓ JOSEPH G JARVIS
Organization Name
RAMCO LLC
Street Address
2510 Urbana Pike, Suite 104
Address Line 2

City **State** **Zip Code**
Ijamsville MD 21754

Phone **Cell** **Fax**
3014407769 3014407769

E-mail
JJARVIS@RAMCOPERIMITS.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
375000 0 0 No

Construction Type
437 - Additions, Alterations and Conversions - Commercial

COMMERCIAL ALTERATION

BUILDING INFORMATION

Expedited Review * **Capital Project-No Fee *** **Capital Project Number** **Fee Exempt *** **Fee Exempt Group** **Revision Fees?**
☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No --Select-- ☐ Yes ☐ No

Roadside Tree Project Permit **Roadside Tree Project Permit #** **Was Tenant Space previously occupied *** **Previous Use *** **Proposed Use *** **Assembly**
☐ Yes ☒ No ☒ Yes ☐ No Medical Office Suites Medical Office Suites ☐ Yes ☐ No