

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Commercial/New/NA Permit Number B24003225 Opened Date 08/28/2024
Description of Work Annapolis Junction Town Center/ CONSTRUCT 6-story cast in place concrete garage with 451 parking spaces and amenity and pool deck on the roof.

[check spelling](#)

Online BP.
9/8 1/7/26

Approved RUC
1/13/2026
Public W3S

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 10130 Street Name JUNCTION Street Type DR
Unit Type --Select-- Unit # X Coordinate -76.7938 Y Coordinate 39.1241
City ANNAPOLIS JUNCTION State MD Zip Code 20701 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 1102220 Parcel 194 Parcel Area 2.39 Land Value 0 Improved Value 778800 Exemption Value 0 Plan Area SOUTHE

Legal Description

PAR J 2.3944 A. [] JUNCTION DR [] ANNAPOLIS JUNCTION TOWN

[check spelling](#)

Block Lot Census Tract Council Dist Inspection Dist Supervisor Dist Map # DAP Zone
PAR J 606902 3
Plan Area State Tax Id Subdivision Name
1406595982 Annapolis Junction Town Cent
Section Area Tax Map
48
Grid Zoning District ADC Map
48-20 TOD 5170-C1
SDP No. Final Plan No. WP File No.
SDP-13-048 F-13-068
Record Plat No. WS Contract No. FDP No. Primary
26237-2623 Yes
Owner Occupied Year Built Historic District
Yes No 0 Yes No
Historic District Registry No. Stat Area Flood Plain
6-27A Yes No
Building No

Owner (This section is not required.)

Search Reset Clear

Name ANNAF
Address Line 1 4816 DEL RAY AVE
Address Line 2
Address Line 3

Mail City BETHESDA
Mail State MD
Mail Zip Code 20814
Phone 3016574848
Primary Yes
E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # *
03221789
License Type *
Contractor
Primary
Yes
Business Name
THE WHITING-TURNER CONTRACTING COMPANY
First Name
CAROLINE
Middle Name
Last Name
JARRARD
Address Line 1
300 E. JOPPA RD
Address Line 2
City
BALTIMORE
State
MD
ZIP Code
21286
Phone 1
410-842-7824
Phone 2
Fax
E-mail
CAROLINE.JARRARD@WHITING-TURNER.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Contact - Tara Labosky

Type *
Applicant
Relationship
Applicant
Primary
No
First Name
Tara
MI
Last Name
Labosky
Full Name
Tara Labosky
Organization Name
Luzerne Consulting, LLC
Street Address
PO Box 187
Address Line 2
City
New Freedom
State
PA
Zip Code
17349
Phone
443-415-7901
Cell
Fax
E-mail
tara@luzerneconsulting.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Contact
Relationship
Licensed Professional
Primary
Yes
First Name
Tara
MI
Last Name
Labosky
Full Name
Tara Labosky
Organization Name
Luzerne Consulting, LLC
Street Address
PO Box 187
Address Line 2
City
New Freedom
State
PA
Zip Code
17349
Phone
443-415-7901
Cell
Fax
E-mail
tara@luzerneconsulting.com

Addtl Info

Est Construction Cost *
0
Housing Units *
0
Number of Buildings *
1
Public Owned
No
Construction Type
321 - Parking Garages - Commercial

COMMERCIAL PERMIT INFORMATION

BUILDING INFORMATION

Expedited Review * Capital Project-No Fee * Capital Project Number (Text) Fee Exempt * Fee Exempt Group --Select--

Condominium ☐ Yes ☒ No	Change In Use ☐ Yes ☒ No	Roadside Tree Permit ☐ Yes ☒ No	Roadside Tree Project Permit # (Text)	Road Frontage County	Existing N/A
Use Group Parking Garage	Number of Solar Panels (Number)	Tenant Adjacent Apartment & Hotel (Text)	Assembly ☒ Yes ☐ No	Minor Alteration ☐ Yes ☒ No	
Revision Fees? ☒ Yes ☐ No	Height 74 FT (Number)	No of Stories 6 (Number)	Gross Area - Sq Foot Per Floor 159990 (Number)	Area of Construction - SQ FT 159990 (Number)	Downtown Tax \$ 0 (Number)
Excise Tax at \$0.60 SQ FT 0	Excise Tax at \$1.17SQ FT 1267 (Number)	Construction Type IB Protected Construction	State Certified Module ☐ Yes ☒ No	Expiration Date 7/6/2026	
U&O Issued On 	U & O Comments check spelling				

UTILITY INFORMATION

Water Supply Public	Sewage Disposal Public	Utilities Gas and Electric	Heating System Electric	Geothermal ☐ Yes ☒ No	Sprinkler System Full
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GREEN BUILDING INFORMATION

Goal Level --Select--	Actual Level --Select--	Leed Registration Number 0 (Text)	Date of Leed Certification 01/06/2026
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Submit Cancel