

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Accessory/Structure Permit Number B24003580 Opened Date 09/22/2024
Description of Work SFD/ CONSTRUCT 30' X 40' (2) STORY BANK BARN FOR AGRICULTURAL USE, 2 STORY, Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 4520 Street Name TARALEY Street Type CT
Unit Type -Select- Unit # X Coordinate -76.93581 Y Coordinate 39.24288
City ELLICOTT CITY State MD Zip Code 21042 Primary Yes

Online BP.

g 8 9/27/24

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID 886640 Parcel 51 Parcel Area 3 Land Value 115000 Improved Value 1203000 Exemption Value 0 Plan Area RURAL
Legal Description LOT 16 3.000 A [] 4520 TARALEY CT [] FOX RUN ESTATES

[check spelling](#)

Block 16 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1405410223 Subdivision Name FOX RUN ESTATES
Section Area Tax Map 29
Grid Zoning District RC-DEO ADC Map 4934-A2
29-1
SDP No. Final Plan No. WP File No.
Record Plat No. 10815 WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 1996 Historic District
Historic District Registry No. Stat Area 5-03 Flood Plain
Building No

Owner (This section is not required.)

Search Reset Clear
Name * BERNI
Address Line 1 4520 TARALEY CT
Address Line 2
Address Line 3
Mail City ELLICOTT CITY
Mail State MD
Mail Zip Code 21042
Phone 301-674-6551
Primary Yes
E-mail

Approved Septic System Plan
Howard County Health Department
Bernard 10-3-24
Signature Date

no H₂O source
+ 80' away from septic
area..

Cell Number

Fax Number

Professionals (This section is not required.)

License #
21040008166
License Type
Architect
Primary
No
Business Name
ARCHITECT
First Name
JONATHAN
Middle Name
Last Name
SEILS
Address Line 1
4991 MORNING STAR DRIVE
Address Line 2
City
DAYTON
Phone 1
Phone 2
State
MD
Fax
ZIP Code
21036-0000
E-mail
JSEILSMD@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Applicant
Relationship
Applicant
Primary
No
First Name
JONATHAN
MI
Last Name
SEILS
Full Name
JONATHAN SEILS
Organization Name
Street Address
4991 MORNING STAR DRIVE
Address Line 2
City
DAYTON
Phone
3018543761
E-mail
JSEILSMD@GMAIL.COM
State
MD
Zip Code
21036 000
Cell
Fax

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Contact
Relationship
Licensed Professional
Primary
Yes
First Name
JONATHAN
MI
Last Name
SEILS
Full Name
JONATHAN SEILS
Organization Name
Street Address
4991 MORNING STAR DRIVE
Address Line 2
City
DAYTON
Phone
3018543761
E-mail
JSEILSMD@GMAIL.COM
State
MD
Zip Code
21036 000
Cell
Fax

Addtl Info

Est Construction Cost
16000
Construction Type
-Select-
Housing Units
0
Number of Buildings
0
Public Owned
No

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee

☐ Yes ☒ No

Capital Project Number

(Text)

Fee Exempt

☐ Yes ☒ No

Roadside Tree Project Permit

☐ Yes ☒ No

Roadside Tree Pr

No of Stories
2
(Text)

Foundation
Slab on Grade

Basement
N/A

No of Rooms
0
(Text)

Full Baths
0
(Number)

Ha
0

Model
SFD/ CONSTRUCT 30' X 40' (2) STORY BANK BARN FOR AGRICULTURAL USE
[check spelling](#)

Other Structure
None

Bedrooms
0
(Number)

Porch Deck
N/A

No of Fireplaces
0
(Number)

Type of Fireplace
--Select--

W & S Fees Paid
☐ Yes ☐ No

Water
Private

Sewage
Private

Utilities
Electric

Heating System
Electric

Sprinkler System
None

1st Floor Width
FT (Number)

1st Floor Depth
FT (Number)

2nd Floor Width
FT (Number)

2nd Floor Depth
FT (Number)

Basement Width
FT (Number)

Basement Depth
FT (Number)

Height
FT (Number)

Total Square Footage
1200
SQFT (Number)

Occupiable Square Footage
0
SQFT (Number)

Affordable Housing Funding
N/A

Foundation Measurement
(Text)

Walls
(Text)

Roof
(Text)

Change In Use
☐ Yes ☒ No

Grading Permit No
(Text)

Senior Housing
☐ Yes ☐ No

MIHU Outside Downtown Columbia
☐ Yes ☐ No

Additional Description Info

Expiration Date
3/25/2025

MIHU Required Units
(Num)

[check spelling](#)

GREEN INFORMATION

Goal Level
--Select--

Actual Level
--Select--

Leed Registration Number
(Text)

Date of Leed Certification
[Date]

STORM WATER MANAGEMENT

Green Roofs A1
☐ Yes ☐ No

Permeable Pavements A2
☐ Yes ☐ No

Reinforced Turf A3
☐ Yes ☐ No

Disconnection of Rooftop Runoff N1
(Number)

Sheetflow to Conservation Areas N3
☐ Yes ☐ No

Rainwater Harvesting M1
(Number)

Submerged Gravel Wetlands M2
(Number)

Landscape Infiltration
(Number)

Dry Wells M5
(Number)

Micro Bioretention M6
(Number)

Rain Gardens M7
(Number)

Swales M8
(Number)

PSWM Certification Received in CID on
[Date]

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