

**Record Detail** \* (This section is required.)

*Approved RAC  
12/5/2022*

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Alteration/SFD	B22004432	12/02/2022

**Description of Work**

SFD/ FOUNDATION REPAIR TO INCLUDE INSTALLATION OF (13) PUSH PIERS

[check spelling](#)

**Address** \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
11216	GREEN DRAGON	CT	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
--Select--		-76,90153	39,2231
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
COLUMBIA	MD	21044	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
870680	277	27228	165100	534700	369600	COLUMB

**Legal Description**  
 IMPSLOT 36 27,228 SQ[ ]11216 GREEN DRAGON CT[ ]VIL OF HARPERS CH S2 A1

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	36	605502	4				
<b>Plan Area</b>		<b>State Tax Id</b>		<b>Subdivision Name</b>	<b>Primary</b>		
		1415036281			Yes		
<b>Section</b>		<b>Area</b>		<b>Tax Map</b>			
				29			
<b>Grid</b>		<b>Zoning District</b>		<b>ADC Map</b>			
29-22		NT		4934-F5			

<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>
<b>Record Plat No.</b> 13 68	<b>WS Contract No.</b>	<b>FDP No.</b>
<b>Owner Occupied</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Year Built</b> 1969	<b>Historic District</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Historic District Registry No.</b>	<b>Stat Area</b> 5-06	<b>Flood Plain</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Building No</b>		

**Owner** *(This section is not required.)*

**Search**      **Reset**      **Clear**

**Name \***  
RETTNER CASEY R TR

**Address Line 1**  
11216 GREEN DRAGON CT

**Address Line 2**

**Address Line 3**

<b>Mail City</b> COLUMBIA	<b>Mail State</b> MD	<b>Mail Zip Code</b> 21044
<b>Phone</b> 301-351-6757	<b>Primary</b> Yes	
<b>E-mail</b>		

**Cell Number**      **Fax Number**

**Professionals** *(This section is not required.)*

**Search**      **Reset**      **Clear**

<b>License # *</b> 08010139777	<b>Business Name</b> JES CONSTRUCTION LLC		
<b>License Type *</b> MHIC Ind	<b>First Name</b> BRIAN	<b>Middle Name</b> MATTHEW	<b>Last Name</b> BLACK
<b>Primary</b> No	<b>Address Line 1</b> 1741 CORPORATE LANDING PKWY #103		
	<b>Address Line 2</b>		
	<b>City</b> VIRGINIA BEACH	<b>State</b> VA	<b>ZIP Code</b> 23454-0000
	<b>Phone 1</b> 4022784046	<b>Phone 2</b>	<b>Fax</b> 0000000000
	<b>E-mail</b> BBLACK@GROUNDWORKS.CO		

**Applicant** *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	▼ Gary		Rodriguez
Relationship	Full Name		
--Select--	▼ Gary Rodriguez		
Primary	Organization Name		
Yes	▼ JES Construction LLC		
	Street Address		
	1250 Reames Rd		
	Address Line 2		
	City	State	Zip Code
	Middle River	MD	▼ 21220
	Phone	Cell	Fax
	757-516-7830		
	E-mail *		
	grodriguez@jeswork.com		

**Contact** *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	▼ Gary		Rodriguez
Relationship	Full Name		
--Select--	▼ Gary Rodriguez		
Primary	Organization Name		
No	▼ JES Construction LLC		
	Street Address		
	1250 Reames Rd		
	Address Line 2		
	City	State	Zip Code
	Middle River	MD	▼ 21220
	Phone	Cell	Fax
	757-516-7830		
	E-mail		
	grodriguez@jeswork.com		

**Addtl Info**

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
29000	0	0	No ▼

Construction Type

--Select--



Execute Expression "Run expression exception, please contact agency administrator." error:

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
476	SQFT 2	--Select--				Private	Private
Existing Utilities *	Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *		
Unknown	Oil	None	--Select--	6/3/2023	<input type="checkbox"/> Yes <input checked="" type="radio"/> No		

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit      Cancel