

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Other Permit Number B23004034 Opened Date 10/03/2023
 Description of Work Beazer Homes @ Hampton Hills/ Install (1) 10 x 30 Temporary Construction Trailer w/portable toilet & water

[check spelling](#)

Address * (This section is required.)

Online BP.
 g8 10/6/23

Search Reset Clear Get Parcel & Owner

Street # 7009 Street Name GENEVIEVE Street Type WAY
 Unit Type --Select-- Unit # X Coordinate -76.78104 Y Coordinate 39.24055
 City ELLICOTT CITY State MD Zip Code 21043 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
11061396	0024	0	0	0	0	ELLICO

Legal Description

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
9	13	602700	1	6			

Plan Area State Tax Id Subdivision Name Hampton Hills
 Section Area Tax Map 31
 Grid Zoning District ADC Map 4936-E2
 31-9 R-20
 SDP No. Final Plan No. WP File No.
 SDP-21-010 ECP-15-027
 Record Plat No. WS Contract No. FDP No. Primary Yes
 25874-2587
 Owner Occupied Year Built Historic District
 Yes No Yes No
 Historic District Registry No. Stat Area Flood Plain
 2-17 Yes No
 Building No

ON Public
 H2O
 Construction
 Trailer

Owner * (This section is required.)

Search Reset Clear

Name * Beazer Homes
 Address Line 1 6085 Marshalee Dr Ste 350
 Address Line 2
 Address Line 3

Mail City Elkrige Mail State MD Mail Zip Code 21775
 Phone 443-539-9261 Primary Yes
 E-mail sstanton@beazer.com
 Cell Number Fax Number

Approved Septic System Plan
 Howard County Health Department
Beazer
 Signature Date 10-16-23

Professionals (This section is not required.)

License # *	Business Name			
License Type *	First Name	Middle Name	Last Name	
--Select--	▼			
Primary	Address Line 1			
Yes	▼			
	Address Line 2			
	City		State	ZIP Code
	Phone 1	Phone 2	Fax	
	E-mail			

Applicant (This section is not required.)

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

Type *	First Name	MI	Last Name	
Applicant	SANDY		STANTON	
Relationship	Full Name			
--Select--	▼ SANDY STANTON			
Primary	Organization Name			
Yes	▼ BEAZER HOMES CORP			
	Street Address			
	6085 MARSHALEE DRIVE			
	Address Line 2			
	STE 350			
	City		State	Zip Code
	ELKRIDGE		MD	21075
	Phone	Cell	Fax	
	443-539-9261	410-984-5030	410-381-1476	
	E-mail *			
	sstanton@beazer.com			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned	
3000	0	0	No	▼
Construction Type	--Select-- ▼			

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFO

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Existing Use *		Type of Structure *	Water Supply *	Sewage Disposal *	Expiration Date
Other-See Description of Work ▼		Other - See Description of W ▼	Private ▼	Private ▼	4/1/2024 <input type="text"/>

Submit **Cancel**