

Record Detail \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Alteration/SFD	B22003666	09/26/2022
<b>Description of Work</b>		
SFD/ FOUNDATION REPAIR TO INCLUDE: INSTALL THREE (3) INTELLIJACKS APX 40 SQ FT.		
<a href="#">check spelling</a>		

*Approved  
R12 10/22/2022*

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
4335	ROXBURY MILL	RD	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
-Select-		-77.05084	39.25382
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
BROOKEVILLE	MD	20833	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
922625	84	34.61	239200	319900	80700	RURAL
<b>Legal Description</b>						
IMPSPAR A 34.617 A[ ]4335 ROXBURY MILL RD[ ]RIVERCREST RS LT 1 BUICE						
<a href="#">check spelling</a>						

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
20	PAR A	605601	5				
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b>					
	1404340388	Rivercrest					
<b>Section</b>	<b>Area</b>	<b>Tax Map</b>					
		21					
<b>Grid</b>	<b>Zoning District</b>	<b>ADC Map</b>					
21-20	RC-DEO	4812-B10					
<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>				<b>Primary</b>	
	F-04-057					Yes	
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>					
18208-1821							
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>					
<input type="radio"/> Yes <input type="radio"/> No	1920	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner (This section is not required.)

Search Reset Clear

**Name \***

KOMSA JAY ANDREW  
**Address Line 1**  
 4335 ROXBURY MILL RD  
**Address Line 2**  
  
**Address Line 3**  
  
**Mail City**                      **Mail State**      **Mail Zip Code**  
 BROOKVILLE                      MD      ▼      20833  
**Phone**                              **Primary**  
 443-694-0445                      Yes      ▼  
**E-mail**  
 jkmosa1@gmail.com  
**Cell Number**                      **Fax Number**

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

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

**License # \***                      **Business Name**  
 08050142855

**License Type \***                      **First Name**                      **Middle Name**                      **Last Name**  
 MHIC Co      ▼

**Primary**                      **Address Line 1**  
 No      ▼  
**Address Line 2**

**City**    **State**                      **ZIP Code**  
  
 Phone 1                      Phone 2                      Fax                      00000-0000  
  
**E-mail**

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

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

**Type \***                      **First Name**                      **MI**                      **Last Name**  
 Applicant                      ▼      Stephaney                                           Bilyard

**Relationship**                      **Full Name**  
 --Select--                      ▼      Stephaney Bilyard

**Primary**                      **Organization Name**  
 No      ▼                      JES Contruction  
**Street Address**  
 8122 Bethlehem Rd  
**Address Line 2**

**City**    **State**                      **Zip Code**  
 Manassas    VA                      ▼      20109  
**Phone**    **Cell**    **Fax**  
 703-434-3955  
**E-mail \***  
 permits.manassas@jeswork.com

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

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

**Type**                      **First Name**                      **MI**                      **Last Name**  
 Contact                      ▼      Jay                                           Komsa

**Relationship**                      **Full Name**  
 Licensed Professional      ▼      KOMSA JAY ANDREW

**Primary**                      **Organization Name**  
 Yes      ▼                      KOMSA JAY ANDREW

