

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25000227	01/18/2025

Description of Work  
 SFD//INSTALLATION OF STABILIZER POSTS WITH FOOTINGS IN CRAWL SPACE. APPROX SQ.FT-10.\*\*SUBJECT TO FIELD INSPECTION\*\*

Online BP.

gsl 1/23/25

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12505	CANTER	LN
Unit Type	Unit #	X Coordinate
-Select-		-76.94668
		Y Coordinate
		39.26223
City	State	Zip Code
ELLCOTT CITY	MD	21042
	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
891857	168	5.52	0	642400	0	RURAL
Legal Description						
LOT 36 BL-D S 1 [ ]12505 CANTER LN [ ]WOODMARK						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	36	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403290638						
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-18	RR-DEO	4813-J9					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
13 63			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1976	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-08A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*  
 Auble J

Address Line 1  
 12505 CANTER LN

Address Line 2

Address Line 3

Mail City  
 ELLCOTT CITY

Mail State  
 MD

Mail Zip Code  
 21042

Phone  
 410-892-9425

Primary  
 Yes

E-mail

Approved Septic System Plan  
 Howard County Health Department  
Bernard 1-28-25  
 Signature Date

Cell Number                      Fax Number

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

**License #**  
08050140614

**License Type**  
MHIC Co

**Primary**  
Yes

**Business Name**  
58 FOUNDATIONS

**First Name**  
BRYAN

**Middle Name**  
GRAY

**Last Name**  
AGEE

**Address Line 1**  
4300 PAPERMILL DRIVE

**Address Line 2**

**City**  
KNOXVILLE

**State**  
TN

**ZIP Code**  
37909-0000

**Phone 1**  
4433364307

**Phone 2**

**Fax**  
3012183777

**E-mail**  
JBRODY@58FOUNDATIONS.COM

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

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

**Type**  
Applicant

**Relationship**  
Applicant

**Primary**  
No

**First Name**  
CHARLES

**MI**

**Last Name**  
LEVINE

**Full Name**  
CHARLES LEVINE

**Organization Name**  
CHASENARE ENTERPRISES LLC

**Street Address**  
2864 MILLERS WAY DRIVE

**Address Line 2**

**City**  
ELLCOTT CITY

**State**  
MD

**Zip Code**  
21043

**Phone**  
443-355-7074

**Cell**

**Fax**

**E-mail**  
chasnr@verizon.net

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

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

**Type**  
Contact

**Relationship**  
Applicant

**Primary**  
Yes

**First Name**  
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21043

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443-355-7074

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chasnr@verizon.net

**Addtl Info**

**Est Construction Cost**  
4950

**Housing Units**  
0

**Number of Buildings**  
0

**Public Owned**  
No

**Construction Type**  
434 - Additions, Alterations and Conversions - Residential

**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

**Total Square Footage**    **No of Stories**    **Basement**    **Bedrooms**    **Full Baths**    **Half Baths**    **Water**    **Sewage**  
10    SQFT (Number) 1    (Number) --Select--    (Number)    (Number)    (Number)    (Number) Private    (Number) Private

Existing Utilities  
Electric

Existing Heating System  
Electric

Existing Sprinkler System  
None

Type of New Fireplace  
--Select--

Expiration Date  
7/21/2025

Submit Cancel