

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25005480	12/15/2025

Description of Work
 SFD/ ALTERATIONS TO EXISTING DWELLING TO INCLUDE: FIRST FLOOR KITCHEN REMODEL, VAULT CEILING ABOVE KITCHEN & DINING ROOM. ADD STRUCTURAL BEAM TO SUPPORT NEW VAULTED ROOF AND CEILING JOISTS. TOTAL AFFECTED AREA APPROXIMATELY 800 SQFT .

Online BP.
 JLB 12/22/25

[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	Y Coordinate		
-Select-		-76.94668	39.26223		
City	State	Zip Code	Primary		
ELLCOTT CITY	MD	21042	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	390100	827200	437100	RURAL

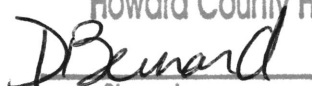
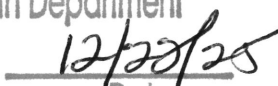
Legal Description
 IMPSLOT 36 BL-D S 1[]12505 CANTER LN[]WOODMARK

[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	
Address Line 1	12505 CANTER LN	
Address Line 2		
Address Line 3		
Mail City	ELLCOTT CITY	
Mail State	MD	
Mail Zip Code	21042	
Phone	443-710-6666	
Primary	Yes	
E-mail		

Approved Septic System Plan
 Howard County Health Department

 Signature

 Date

Cell Number Fax Number

Professionals (This section is not required.)

License # * 08050129673
 License Type * MHIC Co
 Primary Yes

Business Name CORNERSTONE REMODELING LLC

First Name Middle Name Last Name
 WILLIAM BALLANTINE

Address Line 1
 Address Line 2
 3273 PINE ORCHARD LANE

City State ZIP Code
 ELLICOTT CITY MD 21042-0000

Phone 1 Phone 2 Fax
 4103367011

E-mail
 AJ@CORNERSTONE.HOUSE

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
 Relationship Applicant
 Primary No

First Name MI Last Name
 WILLIAM BALLANTINE

Full Name
 WILLIAM BALLANTINE

Organization Name
 CORNERSTONE REMODELING LLC

Street Address
 Address Line 2
 3273 PINE ORCHARD LANE

City State Zip Code
 ELLICOTT CITY MD 21042 000

Phone Cell Fax
 4103367011

E-mail *
 Sales@CORNERSTONE.HOUSE

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact
 Relationship Applicant
 Primary Yes

First Name MI Last Name
 WILLIAM BALLANTINE

Full Name
 WILLIAM BALLANTINE

Organization Name
 CORNERSTONE REMODELING LLC

Street Address
 Address Line 2
 3273 PINE ORCHARD LANE

City State Zip Code
 ELLICOTT CITY MD 21042 000

Phone Cell Fax
 4103367011

E-mail
 Sales@CORNERSTONE.HOUSE

Addtl Info

Est Construction Cost * 355000
 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 * 800
 No of Stories * SQFT (Number) 1
 Basement (Number) --Select--
 Bedrooms 0
 Full Baths (Number) 0
 Half Baths (Number) 0
 Water * Private
 Sewage * Private

Existing Utilities *
Unknown ▼

Existing Heating System *
Unknown ▼

Existing Sprinkler System *
None ▼

Type of New Fireplace
--Select-- ▼

Expiration Date
6/16/2026

Submit Cancel