

Menu Save Reset Cancel Help

Approved
3-23-18
KF

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B18000881	03/20/2018
Description of Work		
SFD/ INSTALL 40' X 20' INGROUND CONCRETE SWIMMING POOL, DEPTH 3' 6" - 8' 6", FILLED BY TRUCK, WITH FENCE TO CODE		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13951	HALLOWELL	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.00261	39.21529
City	State	Zip Code	Primary
DAYTON	MD	21036	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
875118	138	4.07	278000	278000	0	RURAL
Legal Description						
LOT 6 4.074 A [HALLOWELL CT] TRIADELPHIA MILL FARM						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	6	605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405391571	TRIADELPHIA MILL FARMS					
Section	Area	Tax Map					
		33					
Grid	Zoning District	ADC Map					
33-6	RR-DEO	4932-K6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
4901							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

GREEN MONROE EUGENE CHRISTOPHER		
Address Line 1 12219 GARRISON FOREST RD		
Address Line 2 		
Address Line 3 		
Mail City OWINGS MILLS	Mail State MD	Mail Zip Code 21117
Phone 410-349-3851	Primary Yes	
E-mail 		
Cell Number 	Fax Number 	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010045494	SUNRISE PREMIERE POOL BUILDERS LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	DONALD		SEYFFERTH
Primary	Address Line 1		
Yes	1111 SHADYSIDE COURT		
	Address Line 2 		
	City	State	ZIP Code
	ANNAPOLIS	MD	21409-0000
	Phone 1	Phone 2	Fax
	4103493852		4103493668
	E-mail SUNRISEPOOLS33@AOL.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	KAREN	H	ROWLEY
Relationship	Full Name		
Agent for Applicant	KAREN H ROWLEY		
Primary	Organization Name		
Yes	KH & K		
	Street Address		
	293 SOUTHLAND COURT		
	Address Line 2 		
	City	State	Zip Code
	DUNKIRK	MD	20754

Phone	Cell	Fax
410-507-7705		
E-mail *		
KHKPERMITS05@YAHOO.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000	0	0	No
Construction Type			
329 - Structures Other Than Buildings			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool	E18001231	9/19/2018	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered
N/A	ONLINE PAYMENT		

Related Records

H < 1 > H

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Desc
B18000861	Residential Pool or Spa Permit	Review in Process	13951	HALLOWELL	03/20/2018	SFD/
E18001231	Residential Electrical Miscellaneous Permit	Issued	13951	HALLOWELL	03/23/2018	SFD/

H < 1 > H

< >

Submit Cancel

N 68°40'48" E

368.00'

LOT 6

4.674 AC. ±

EX WELL
HQ-94-3705

Block
Pile

ACCESS

30'
B.R.L.

30'
B.R.L.

60'
B.R.L.

141' ±

80' ±

115'

153' ±

CONC
PORCH

FRONT

TANK

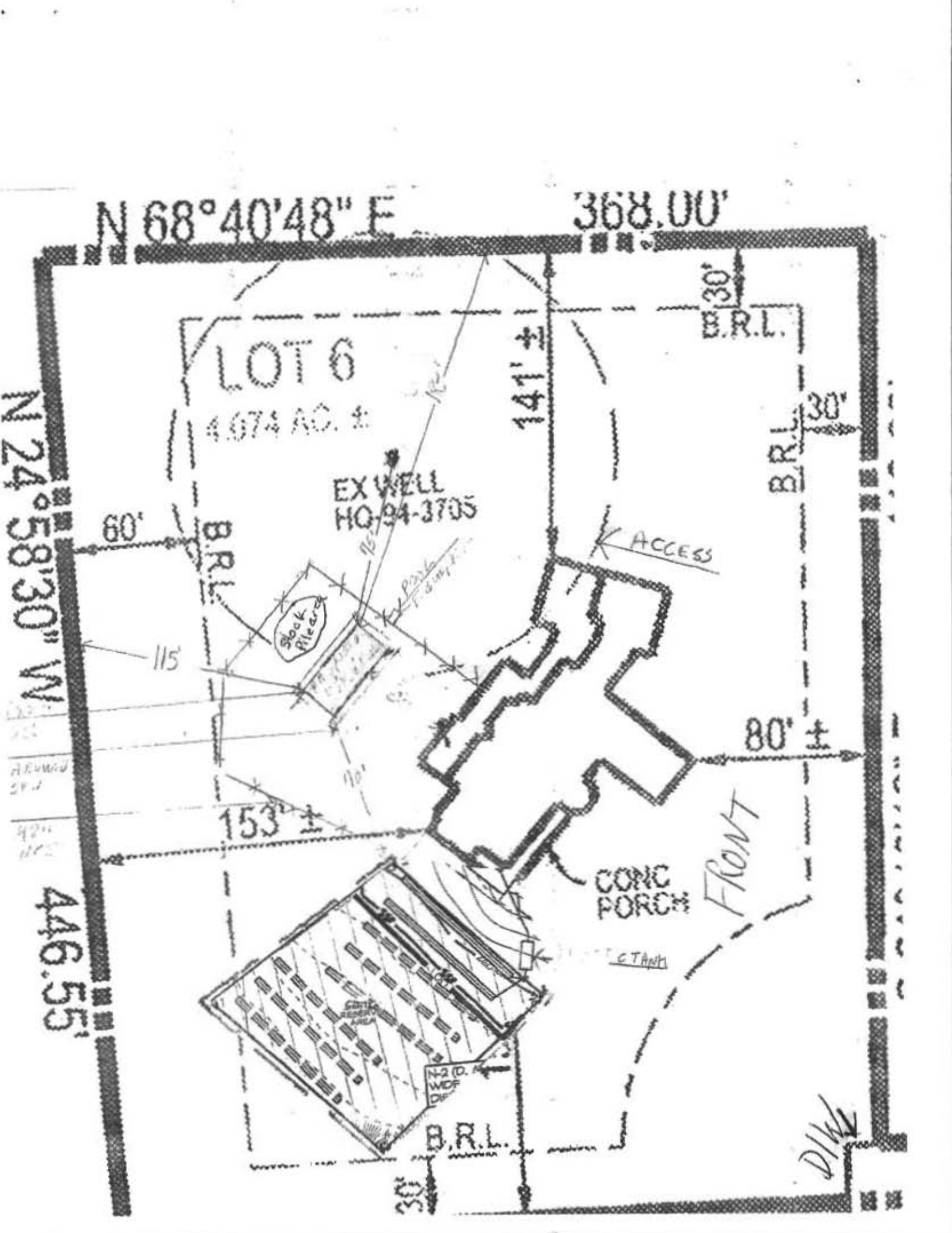
42" D. WDF
DIP
B.R.L.

30'

N 24°58'30" W

446.55'

D/W



Building Permit ID: B18000861

[Cancel](#) [Help](#)

Task	Due Date	Assigned Date
Health Dept	03/28/2018	03/23/2018
Assigned to Department	Assigned to	Status
Health Department Tech		Approved
Action by Department	Action By	Status Date
Health Department Tech	Health Department	03/23/2018
Start Time	End Time	Hours Spent
		0.0
Billable	Overtime	Comments
No	No	RSF
Time Tracking Start Date	Est. Completion Date	In Possession Time (hrs)
03/23/2018 12:29 PM	03/28/2018 12:29 PM	3.43
Display E-mail Address in ACA	<input checked="" type="checkbox"/> Display Comment in ACA	Comment Display in ACA
No		<input checked="" type="checkbox"/> All ACA Users
		<input checked="" type="checkbox"/> Record Creator
		<input checked="" type="checkbox"/> Licensed Professional
		<input checked="" type="checkbox"/> Contact
		<input checked="" type="checkbox"/> Owner
Estimated Hours	Action	Workflow Calendar
0.0	Updated	Workflow Blockout