

Menu Save Reset Cancel Help

Approved 3/19/18
RAE

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B18000847	03/19/2018
Description of Work		
SFD / 38' x 20' in ground concrete pool, depth 3' to 8', with 6' fence to code, filled by truck		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
16555	BLOOMS	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.09064	39.36107
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	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
830576	214	7.16	251200	405700	154500	RURAL
Legal Description						
IMPSLOT 1 7.1618 AR[]16555 BLOOMS LN[]JUSTICE SUB						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	1	604001	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1404335104	JUSTICE SUBDIVISION					
Section	Area	Tax Map					
		2					
Grid	Zoning District	ADC Map					
2-16	RC-DEO	4691-F3					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
3421							
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					
	4-02	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

CROSTON STEVEN CHARLES		
Address Line 1		
18555 BLOOMS LN		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
MOUNT AIRY	MD	21771
Phone	Primary	
410-964-9801	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010095872	ANTHONY & SYLVAN CORP		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	ALAN		WALKER
Primary	Address Line 1		
Yes	8260 PRESTON COURT STE 1		
Address Line 2			
City		State	ZIP Code
JESSUP		MD	20794-0000
Phone 1	Phone 2	Fax	
2154895600		2154895610	
E-mail			
AWALKER@ANTHONYSYLVAN.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			
--Select--			

POOL INFORMATION

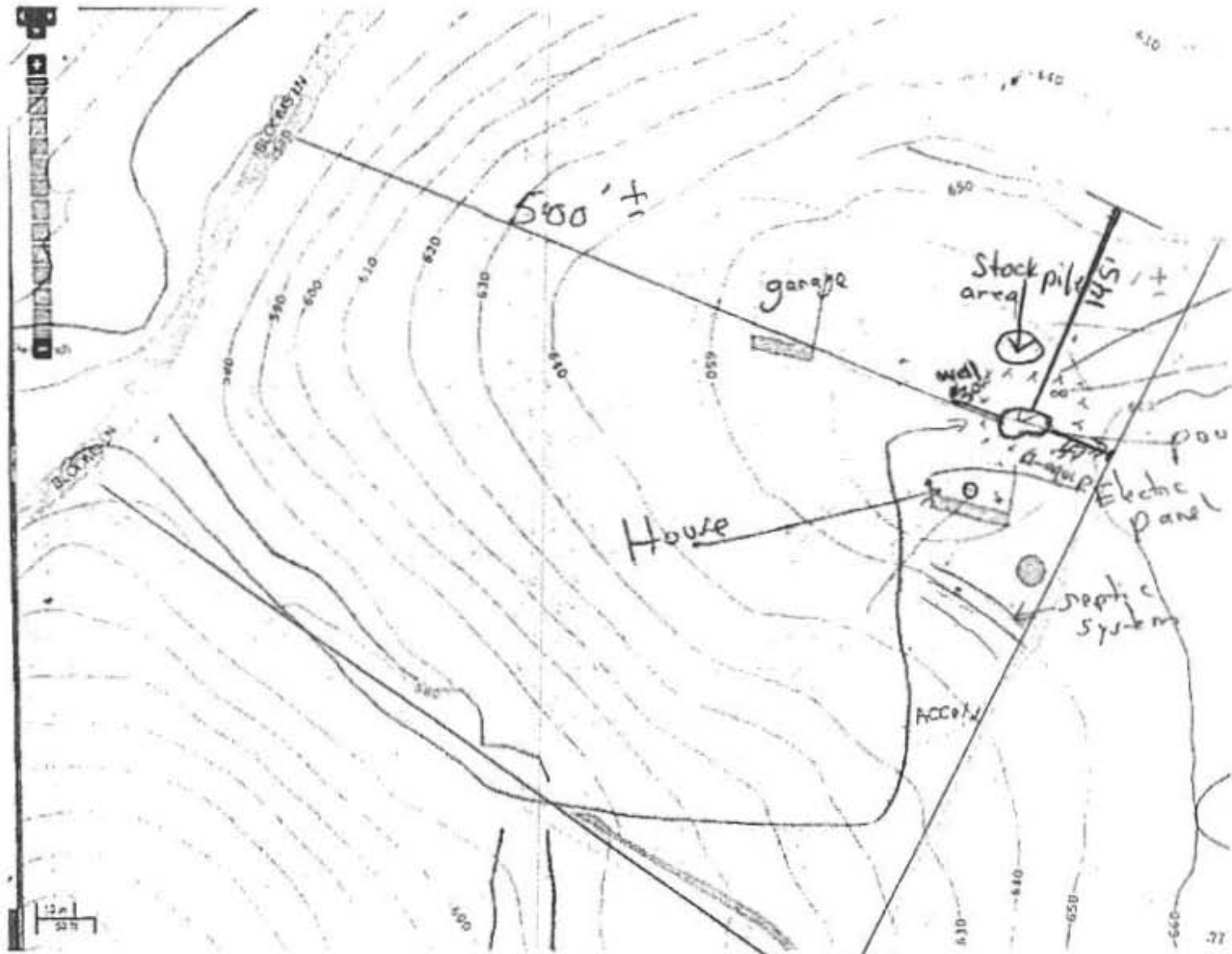
MISCELLANEOUS POOL INFORMATION

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		9/15/2018	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered
0	ON LINE PAYMENT		

Submit Cancel

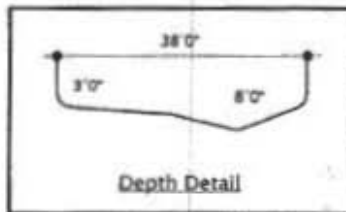


Survey Plan

SCALE 1"=100'



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NOTE		NOTE:	To be numbered and refer
Changes from the agreement are by addendum only, signed by both parties and paid in full at time of affixing signature. No changes will occur prior to signing addendum.		●	T.O.C. = ?
		▲
		▲
		▲

Approved 3/19/18
 RAE 1318000847

Building Permit ID: B18000847

A notice was added to this record on 2018-03-19.
 Condition: ELECTRICAL PERMIT REQUIRED Severity: Notice
 Total conditions: 1 (Notice: 1)

[View notice](#)

Cancel Help

Task Health Dept	Due Date 03/24/2018	Assigned Date 03/19/2018
Assigned to Department Health Department Tech	Assigned to	Status Approved
Action by Department Health Department Tech	Action By Health Department	Status Date 03/19/2018
Start Time	End Time	Hours Spent 0.0
Billable No	Overtime No	Comments RSF
Time Tracking Start Date 03/19/2018 01:23 PM	Est. Completion Date 03/24/2018 01:23 PM	In Possession Time (hrs) 0.62
Display E-mail Address in ACA No	<input checked="" type="checkbox"/> Display Comment in ACA	Comment Display in ACA
		<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 0.0	Action Updated	Workflow Calendar Workflow Blockout