

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B19004014	11/21/2019
Description of Work		
SFD/BUILD APPROX. 16' X 24' SCREENED IN PORCH ON NEW 16'X24' DECK NO STEPS		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12739	FOLLY QUARTER	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95627	39.24993
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Online Permit approved 12/5/19 RB

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
883822	444	1.56	280600	617300	336700	RURAL
Legal Description						
IMPSLOT 8-B 1.563A S 2[]12739 FOLLY QUARTER ROAD[]GLENELG MANOR						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8 B	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405374332						
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-5	RR-DEO	4933-G1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1986	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
 OLDHOUSER WILSON H III

Address Line 1
 12739 FOLLY QUARTER RD

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLICOTT CITY	MD	21042

Phone
 443-535-9195

Primary
 Yes

E-mail

Cell Number	Fax Number
_____	_____

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010020247	PRO BUILT CONSTRUCTION		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	EDWARD		PACYLOWSKI
Primary	Address Line 1		
Yes	13330 CLARKSVILLE PIKE		
	Address Line 2		

	City	State	ZIP Code
	HIGHLAND	MD	207779701
	Phone 1	Phone 2	Fax
	3018540821		3018549632
	E-mail		
	CHRISTINA@PROBUILTCONSTRUCTION.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	EDWARD		PACYLOWSKI
Relationship	Full Name		
Applicant	EDWAQRD PACYLOWSKI		
Primary	Organization Name		
Yes	PRO BUILT CONSTRUCTION		
	Street Address		
	13330 CLARKSVILLE PIKE		
	Address Line 2		

	City	State	Zip Code
	HIGHLAND	MD	20777-9701
	Phone	Cell	Fax
	3018540821		3018549632
	E-mail *		

EDWARD@PROBUILTCONSTRUCTION.COM

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use *	Type of Porch *	Type of Porch Foundation *	Total Square Footage *	
SFD	Screened Porch	New Deck	384 SQFT	
Water Supply	Sewage Disposal	Expiration Date		
Private	Private	5/20/2020		

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

