

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B20002655	08/11/2020
Description of Work		
SFD/ CONSTRUCT 20' X 16' & 8' X 8' OPEN DECK WITH STEPS TO A 4' X 4' LANDING WITH STEPS TO GRADE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1040	THUNDERBIRD	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.03892	39.34283
City	State	Zip Code	Primary
WOODBINE	MD	21797	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
11058177	8,17	1.48	219800	756300	536500	RURAL
Legal Description						
IMPVLOT 36 1.4813 A.[]1040 THUNDERBIRD DR[]FAIRLANE FARM PH 2						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	36	604001	5				
Plan Area	State Tax Id		Subdivision Name				
	1404600185		Fairlane Farm				
Section	Area		Tax Map				
			8				
Grid	Zoning District		ADC Map				
8-3	RC-DEO		4692-D6				
SDP No.	Final Plan No.		WP File No.		Primary		
	ECP-14-003				Yes		
Record Plat No.	WS Contract No.		FDP No.				
24367-2437							
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input type="radio"/> No	2019		<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 *
OSWALD SEAN D

Address Line 1
1040 THUNDERBIRD DR

Address Line 2

Address Line 3

Mail City **Mail State** **Mail Zip Code**
WOODBINE MD 21797

Phone **Primary**
410-746-1068 Yes

E-mail
nevinsconst@gmail.com

Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * **Business Name**
08010095651 NEVINS CONSTRUCTION

License Type * **First Name** **Middle Name** **Last Name**
MHIC Ind RAYMOND NEVINS

Primary **Address Line 1**
Yes 304 HIGH ROCK COURT

Address Line 2

City **State** **ZIP Code**
BALTIMORE MD 21225-0000

Phone 1 **Phone 2** **Fax**
4107461068 0000000000

E-mail
NEVINSCONST@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * **First Name** **MI** **Last Name**
Applicant RAYMOND NEVINS

Relationship **Full Name**
Applicant RAYMOND NEVINS

Primary **Organization Name**
Yes NEVINS CONSTRUCTION

Street Address
304 HIGH ROCK COURT

Address Line 2

City **State** **Zip Code**
BALTIMORE MD 21225-0000

Phone **Cell** **Fax**
4107461068 0000000000

E-mail *
NEVINSCONST@GMAIL.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
20000 0 0 No

Construction Type
--Select--

MISC PERMIT INFO

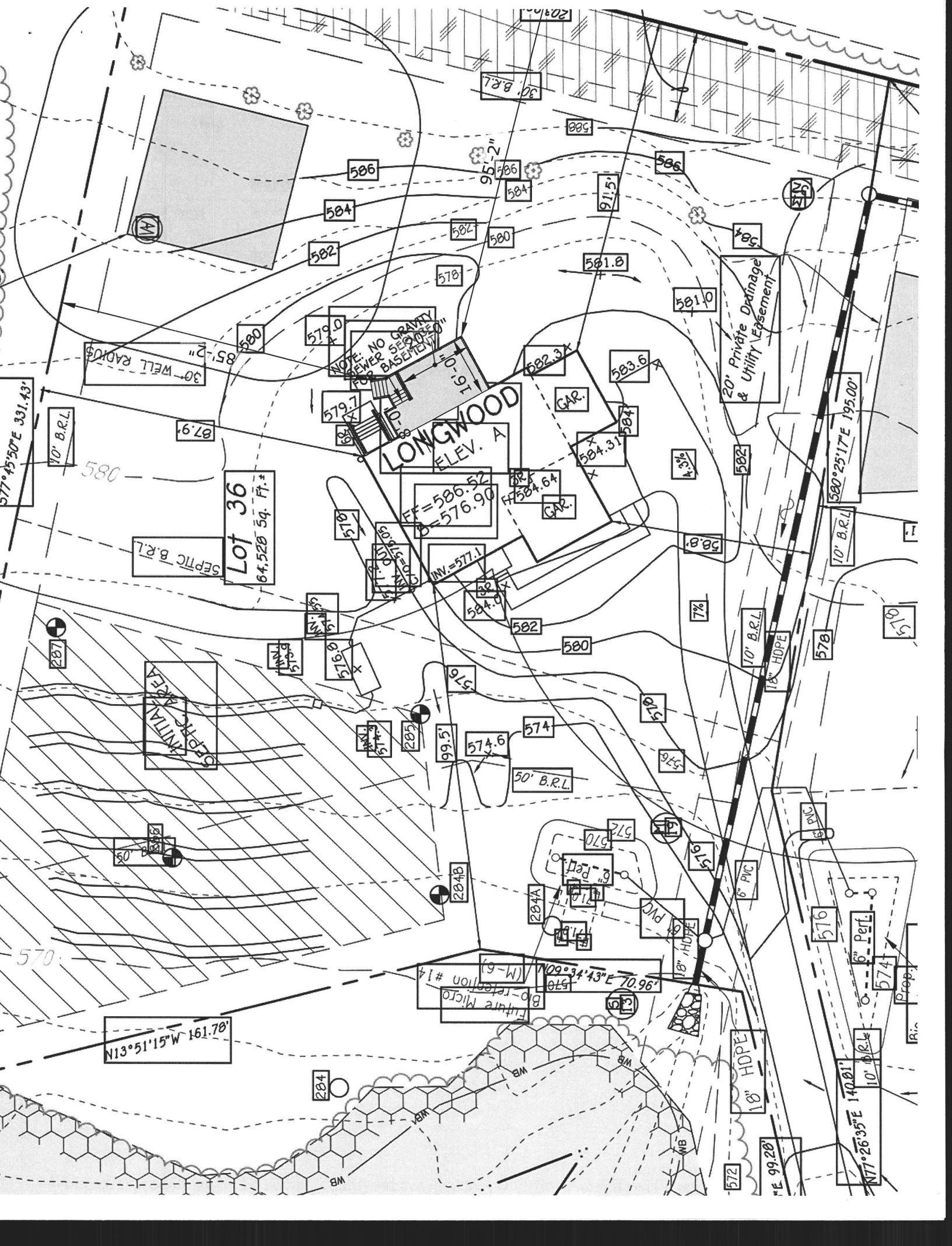
MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee * Yes No
Capital Project Number
Fee Exempt * Yes No
Roadside Tree Project Permit * Yes No
Roadside Tree Project Permit #
Existing Use *
Water
Sewage
Expiration Date

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Cancel



Building Permit ID: B20002655

Menu Help

<input type="checkbox"/> <u>Task</u>	<u>Status</u>	<u>Status Date</u>	<u>Comments</u>	<u>Action</u>
<input type="checkbox"/> <u>Building Permit Issuance</u>	Issued	08/13/2020		Amand
<input type="checkbox"/> <u>Health Dept</u>	Approved	08/12/2020	RSF	Health
<input type="checkbox"/> <u>Building Review</u>	Approved	08/12/2020		Debbie
<input type="checkbox"/> <u>Zoning</u>	Approved	08/12/2020		Annette
<input type="checkbox"/> <u>Application Acceptance</u>	Accepted	08/12/2020		Laura I
<input type="checkbox"/> <u>Application Acceptance</u>	Pending	08/11/2020	Updated via Script	rkeithn