

Approved R14
9/17/2020

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Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20003096	09/15/2020
Description of Work		
SFD/ 38'X18; IN GROUND CONCRETE POOL, FENCE TO CODE, DEPTH 3' TO 7', FILLED BY TRUCK		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12419	ALL DAUGHTERS	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		76.94164	39.16163
City	State	Zip Code	Primary
HIGHLAND	MD	20777	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
926301	178	3.21	253000	1128900	875900	RURAL
Legal Description						
IMPSPAR A 3.2165 A[]12419 ALL DAUGHTERS LN[]ORCHARD ESTATES						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR A	605102	5				
Plan Area	State Tax Id	Subdivision Name					
	1405353289	Orchard Estates					
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-18	RR-DEO	5051-K5					
SDP No.	Final Plan No.	WP File No.	Primary				
	F-07-005		Yes				
Record Plat No.	WS Contract No.	FDP No.					
19876-1987							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	2019	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Building No

Owner * (This section is required.)

Search Reset Clear

Name *

BROOKE MATTHEW J		
Address Line 1		
12419 ALL DAUGHTERS LN		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
HIGHLAND	MD	20777
Phone	Primary	
3014901919	Yes <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	ALAN		WALKER
Primary	Address Line 1		
Yes <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	KAREN	H	ROWLEY
Relationship	Full Name		
Agent for Applicant <input checked="" type="checkbox"/>	KAREN H ROWLEY		
Primary	Organization Name		
Yes <input checked="" type="checkbox"/>	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 <input type="checkbox"/>
Construction Type			
--Select-- <input type="checkbox"/>			

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 <input type="checkbox"/>	Private <input type="checkbox"/>
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD <input type="checkbox"/>	In Ground Pool <input type="checkbox"/>		3/16/2021 <input type="checkbox"/>	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Related Records

« 1 »

<u>Permit Number</u>	<u>Record Type Alias</u>	<u>Status</u>	<u>Number</u>	<u>Street Name</u>	<u>Opened Date</u>	<u>Des</u>
B20003096	Residential Pool or Spa Permit	Review In Process	12419	ALL DAUGHTERS	09/15/2020	SFI
E20004096	Residential Electrical Miscellaneous Permit	Ready for Issuance	12419	ALL DAUGHTERS	09/15/2020	PO

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