

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B20001312	04/24/2020
Description of Work		
SFD/Set 1000 gallon underground propane tank, run gas line to house and connect to stub out		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
4375	OLD ROXBURY	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.05329	39.25247
City	State	Zip Code	Primary
BROOKVILLE	MD	20833	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
928796	82.133	1.9	209000	209000	0	RURAL
Legal Description						
LOT 2 1.907 A. [4375 OLD ROXBURY RD [ELEANOR HELEN JOHNSON PR						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404320050	Eleanor Helen Johnson Proper					
Section	Area	Tax Map					
		21					
Grid	Zoning District	ADC Map					
21-19	RC-DEO	4812-B10					
SDP No.	Final Plan No.	WP File No.					
	E-09-077						
Record Plat No.	WS Contract No.	FDP No.	Primary				
20858			Yes				
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					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
SD PROPERTIES LLC
Address Line 1
12235 HEATHCLIFT CT
Address Line 2
Address Line 3

Ag... 21042 21042 (A.C.)

Mail City Mail State Mail Zip Code

Phone Primary

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * Business Name

License Type * First Name Middle Name Last Name

Primary Address Line 1

Address Line 2

City State ZIP Code

Phone 1 Phone 2 Fax

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name

Relationship Full Name

Primary Organization Name

Street Address

Address Line 2

City State Zip Code

Phone Cell Fax

E-mail *

Addtl Info

Est Construction Cost *Housing Units * Number of Buildings *Public Owned

Construction Type

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #

Existing Use Number of Tanks Installed * Number of Tanks Removed *

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *

PAYMENT INFORMATION

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

Submit Cancel

