

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21000070	01/12/2021
Description of Work		
SFD/INSTALL (1) 120 GALLON ABOVE-GROUND PROPANE TANK		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
18019	SHAFFERS MILL	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.14055	39.32124
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved → DILP - 1/13/21  
 " EH - 1/16/21 -  
 When record added to  
 ACCELA - (PK)

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
916736	171	3	220000	544300	324300	RURAL
Legal Description						
IMPS3 A[ ]18019 SHAFFERS MILL RD[ ]MT AIRY						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404309898						
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-23	RC-DEO	4690-H9					
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	1993	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

**Owner** \* (This section is required.)

Search    Reset    Clear

**Name \***  
 MURPHY DONALD W

**Address Line 1**  
 18019 SHAFERS MILL RD

**Address Line 2**

**Address Line 3**

**Mail City**      **Mail State**      **Mail Zip Code**  
 MOUNT AIRY      MD      21771

**Phone**      **Primary**  
 443-277-6920      Yes

**E-mail**  
 jhoover@carrollhomeservices.com

**Cell Number**      **Fax Number**

**Professionals** (This section is not required.)

Search    Reset    Clear

**License # \***      **Business Name**  
 20020008045      CARROLL HOME SERVICES

**License Type \***      **First Name**      **Middle Name**      **Last Name**  
 Plumb/Gas      DANIEL           MARSHALL

**Primary**      **Address Line 1**  
 Yes      2700 LOCH RAVEN RD., SUITE 200

**Address Line 2**

**City**      **State**      **ZIP Code**  
 BALTIMORE      MD      21218-0000

**Phone 1**      **Phone 2**      **Fax**  
 4434637036          

**E-mail**  
 DMARSHALL@CARROLLHOMESERVICES.COM

**Applicant** (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

**Type \***      **First Name**      **MI**      **Last Name**  
 Applicant      John           Mazura

**Relationship**      **Full Name**  
 Applicant      John Mazura

**Primary**  
 Yes

**Organization Name**  
 Carroll Home Services.com

**Street Address**  
 1105 Camberley Ct

**Address Line 2**

**City**      **State**      **Zip Code**  
 ABINGDON      MD      21009

**Phone**      **Cell**      **Fax**  
 410-937-5882          

**E-mail \***  
 jmazura@carrollhomeservices.com

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
600	0	0	No
Construction Type			
649 - All Other Buildings and Structures			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree 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	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	7/12/2021	0	

PAYMENT INFORMATION

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

Submit Cancel

