

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B21002918	08/06/2021
Description of Work		
SFD/ CONSTRUCT A 38' X 28' OPEN DECK WITH A 17' X 12' COVERED PORCH/**8.30.21 REVISED PLOT PLAN PER HEALTH DEPT.**		

[check spelling](#)

Revision 'OK'
NB 9/13/21

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12153	HAYLAND FARM	WAY
Unit Type	Unit #	X Coordinate
-Select-		-76.94713
		Y Coordinate
		39.2375
City	State	Zip Code
ELLCOTT CITY	MD	21042
	Primary	
	Yes	

Parcel * (This section is required.)

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GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1101197	49	33000	333600	1188100	854500	RURAL
Legal Description						
IMPSLOT 53 33,000 SQ [12153 HAYLAND FARM WAY] WALNUT CREEK PHASE 2						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	53	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405595194	Walnut Creek					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-11	RC-DEO	4933-J3					
SDP No.	Final Plan No.	WP File No.					
	F-07-076						
Record Plat No.	WS Contract No.	FDP No.	Primary				
22227-2224			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2016	<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 *		
GROVER AMIT		
Address Line 1		
12153 HAYLAND FARM WAY		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
443-509-4610	Yes	
E-mail		

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 08010091395 Business Name CUSTOM WORKS INC
 License Type * MHIC Ind First Name GLEN Middle Name Last Name WILSON
 Primary Yes Address Line 1 3355 AISQUITH FARM RD
 Address Line 2
 City DAVIDSONVILLE State MD ZIP Code 21035
 Phone 1 4109631119 Phone 2 Fax 4109562817
 E-mail GWILSON@CWINCMD.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant First Name NICHOLAS MI Last Name WILSON
 Relationship Applicant Full Name NICHOLAS WILSON
 Primary Yes Organization Name CUSTOM WORKS INC
 Street Address PO BOX 175
 Address Line 2
 City RIVA State MD Zip Code 21140
 Phone 443-926-2619 Cell Fax
 E-mail * nwilson@cwincmd.com

Addl Info

Est Construction Cost * 50000 Housing Units * 0 Number of Buildings * 0 Public Owned No
 Construction Type 434 - Additions, Alterations and Conversions - Residential

PORCH INFORMATION

PORCH INFORMATION
 Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit * Roadside Tree Project Permit #
 Existing Use * SFD Type of Porch * Open Porch Type of Porch Foundation * New Deck Total Square Footage * 204 SQFT
 Water Supply Private Sewage Disposal Private Expiration Date 3/12/2022

PAYMENT INFORMATION

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

Submit Cancel

