

Approved 12/1/20 H.O.

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Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20004058	11/19/2020
Description of Work		
SFD/ Construct inground pool 3.5' to 6' deep, 22' x 37' or 888 square feet in size with 7' x 7' or 49 square foot spa. 48" tall fence to code		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14577	EDGEWOODS	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.02589	39.26203
City	State	Zip Code	Primary
GLENELG	MD	21737	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
925058	90	1.09	238400	1105100	866700	RURAL
Legal Description						
IMPSLOT 42 1.09 A[ ]14577 EDGEWOODS WAY[ ]EDGEWOOD FARM PH 2 RSB						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	42	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404372700	Edgewood Farm					
Section	Area	Tax Map					
		21					
Grid	Zoning District	ADC Map					
21-16	RC-DEO	4812-F9					
SDP No.	Final Plan No.	WP File No.	Primary				
	F-06-108		Yes				
Record Plat No.	WS Contract No.	FDP No.					
19266-1926							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2014	<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** \*

**Address Line 1**

**Address Line 2**

**Address Line 3**

**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**

<b>City</b>	<b>State</b>	<b>Zip Code</b>
ODENTON	MD	21113-0000
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>
4437583480		
<b>E-mail *</b>		
STEPHENESTRADA@ME.COM		

**Addtl Info**

<b>Est Construction Cost *</b>	<b>Housing Units *</b>	<b>Number of Buildings *</b>	<b>Public Owned</b>
45000	0	0	No <input type="checkbox"/>
<b>Construction Type</b>			
329 - Structures Other Than Buildings (Retaining Walls/Tents) <input type="checkbox"/>			

**POOL INFORMATION**

**MISCELLANEOUS POOL INFORMATION**

<b>Capital Project-No Fee *</b>	<b>Capital Project Number</b>	<b>Fee Exempt *</b>	<b>Water Supply *</b>	<b>Sewage Disposal *</b>
<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"/>
<b>Existing Use</b>	<b>Type of Pool or Spa *</b>	<b>Electrical Permit Number</b>	<b>Expiration Date</b>	
SFD <input type="checkbox"/>	In Ground Pool <input type="checkbox"/>		5/29/2021 <input type="checkbox"/>	

**PAYMENT INFORMATION**

<b>Check 1</b>	<b>Payee 1</b>	<b>SAP Doc No</b>	<b>SAP Entered</b>

Submit Cancel