

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Deck	Permit Number B20003901	Opened Date 11/09/2020
Description of Work SFD/ CONSTRUCT TWO 5 X 5 LANDINGS AND STEPS TO GRADE ONTO AN EXISTING DECK		

[check spelling](#)

OK
11/25/2020
RB

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 1025	Street Name HIGH STEPPER	Street Type TRL
Unit Type --Select--	Unit #	X Coordinate -76.93951
		Y Coordinate .39.34512
City SYKESVILLE	State MD	Zip Code 21784
		Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 11059590	Parcel 66	Parcel Area 0	Land Value 0	Improved Value 0	Exemption Value 0	Plan Area RURAL
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Legal Description

[Empty text box with scroll arrows]

[check spelling](#)

Block	Lot 6	Census Tract 603000	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
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Plan Area	State Tax Id	Subdivision Name Walker Meadows
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Section	Area	Tax Map 9
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Grid 9-6	Zoning District RR-DEO	ADC Map 4693-K5
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SDP No.	Final Plan No. ECP-15-078	WP File No.	Primary Yes
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Record Plat No. 24974-2497	WS Contract No.	FDP No.
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Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No
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Historic District Registry No.	Stat Area 3-01	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No
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Building No
[Empty box]

Owner * (This section is required.)

Search Reset Clear

Name *
 DEIDRE MONTGOMERY

Address Line 1
 1025 HIGH STEPPER TRAIL

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
SYKESVILLE	MD	21784

Phone 410-530-2544 **Primary** Yes

E-mail

Cell Number _____ **Fax Number** _____

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08050009615-01	LONG FENCE COMPANY INCORPORATED		
License Type *	First Name	Middle Name	Last Name
MHIC Co	MICHAEL	J	RITTER
Primary	Address Line 1		
Yes	1910 BETSON COURT		
	Address Line 2		
	1114 MARYLAND ROUTE 3 NORTH		
	City	State	ZIP Code
	ODENTON	MD	21113-1124
	Phone 1	Phone 2	Fax
	3013502400		3013360743
	E-mail		
	BLRITTER@LONGFENCE.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	STEVE		BOWERS
Relationship	Full Name		
--Select--	STEVE BOWERS		
Primary	Organization Name		
Yes	_____		
	Street Address		
	7 HAYMARKET CRT		
	Address Line 2		

	City	State	Zip Code
	BALTIMORE	MD	21236
	Phone	Cell	Fax
	410-227-9843	410-227-9843	
	E-mail *		
	MRDECKSMD@HOTMAIL.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
16500	0	0	No
Construction Type			
--Select--			

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use *	Water	Sewage	Expiration Date	
<input type="text" value="SFD"/> ▼	<input type="text" value="Private"/> ▼	<input type="text" value="Private"/> ▼	<input type="text" value="5/9/2021"/>	

PAYMENT INFORMATION

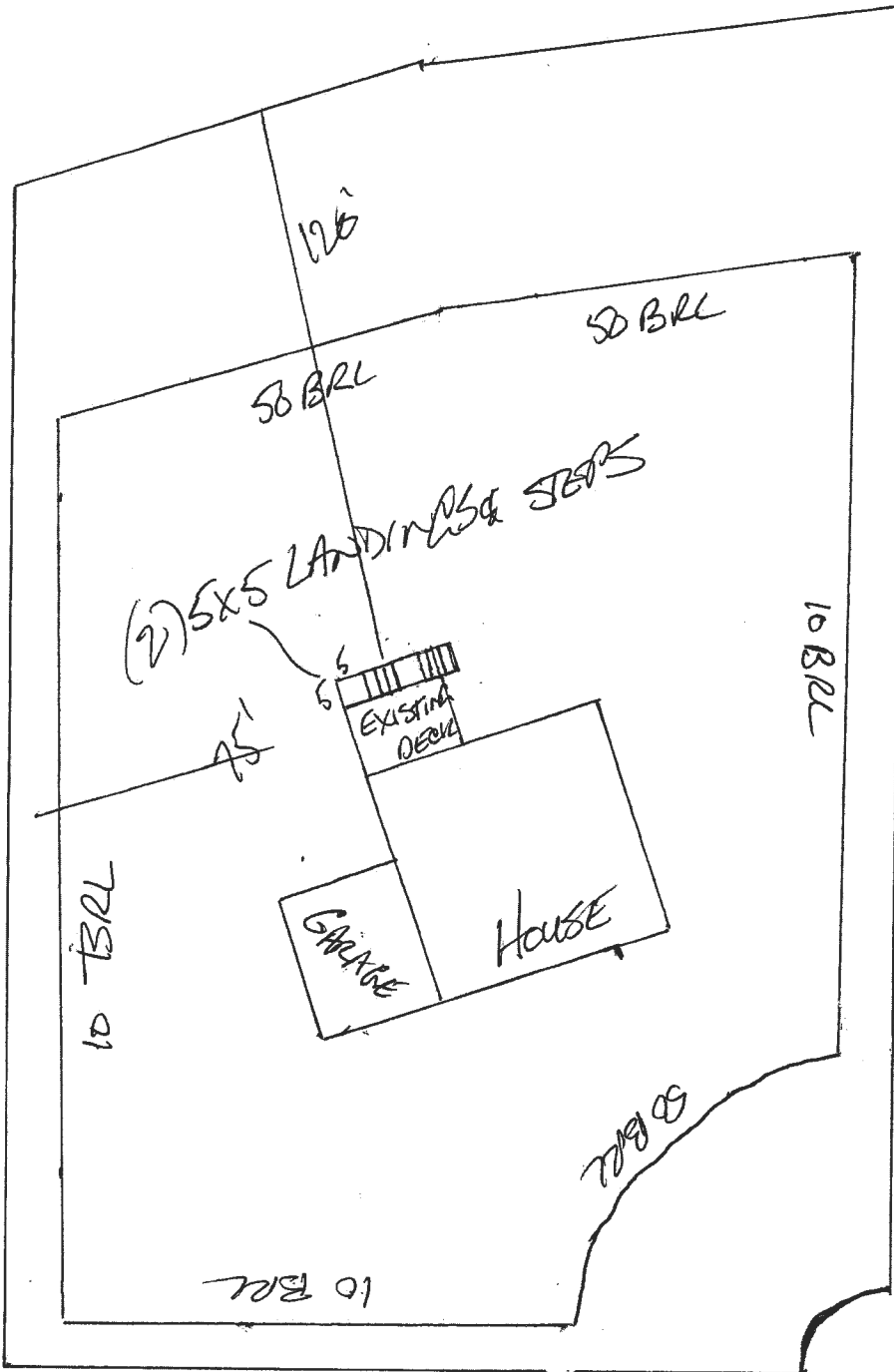
Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Cancel

Approved Septic System Plan
Howard County Health Department
5 x 5 Landing & Steps
as illustrated

R. Buckler
Signature

11/25/2020
Date



SCALE
1" = 40'

FRONT
1025 HIGH STEPPER TRAIL