

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22001735	05/05/2022
Description of Work		
SFD/ INSTALL 1000 GAL UNDERGROUND PROPANE TANK		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
16147	ED WARFIELD	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.07669
		Y Coordinate
		39.29264
City	State	Zip Code
WOODBINE	MD	21797
		Primary
		Yes

Approved 5/9/22  


Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
903965	338	3	201000	623200	422200	RURAL
Legal Description						
IMPSLOT 3 3.000 A[ ]16147 ED WARFIELD RD[ ]MARIANI PROPERTY						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404352866	THEODORE F. MARIANI AND					
Section	Area	Tax Map					
		13					
Grid	Zoning District	ADC Map					
13-17	RC-DEO	4811-H4					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
11043			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1995	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-08	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

ISETT MATTHEW J TRUSTEE

Address Line 1

16147 ED WARFIELD RD

Address Line 2

Address Line 3

Mail City

WOODBINE

Mail State

MD

Mail Zip Code

21797

Phone

484-401-4658

E-mail

Great Valley Propane.

propane company

Cell Number                      Fax Number

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

Search      Reset      Clear

License # *	Business Name		
License Type *	First Name	Middle Name	Last Name
--Select--	▼		
Primary	Address Line 1		
Yes	▼		
	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
Applicant	▼ MICHELLE		CLANCY
Relationship	Full Name		
Applicant	▼ MICHELLE CLANCY		
Primary	Organization Name		
Yes	▼ APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	▼ 21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

**Addtl Info**

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	0	0	No ▼
Construction Type	--Select-- ▼		

**TANK INFORMATION**

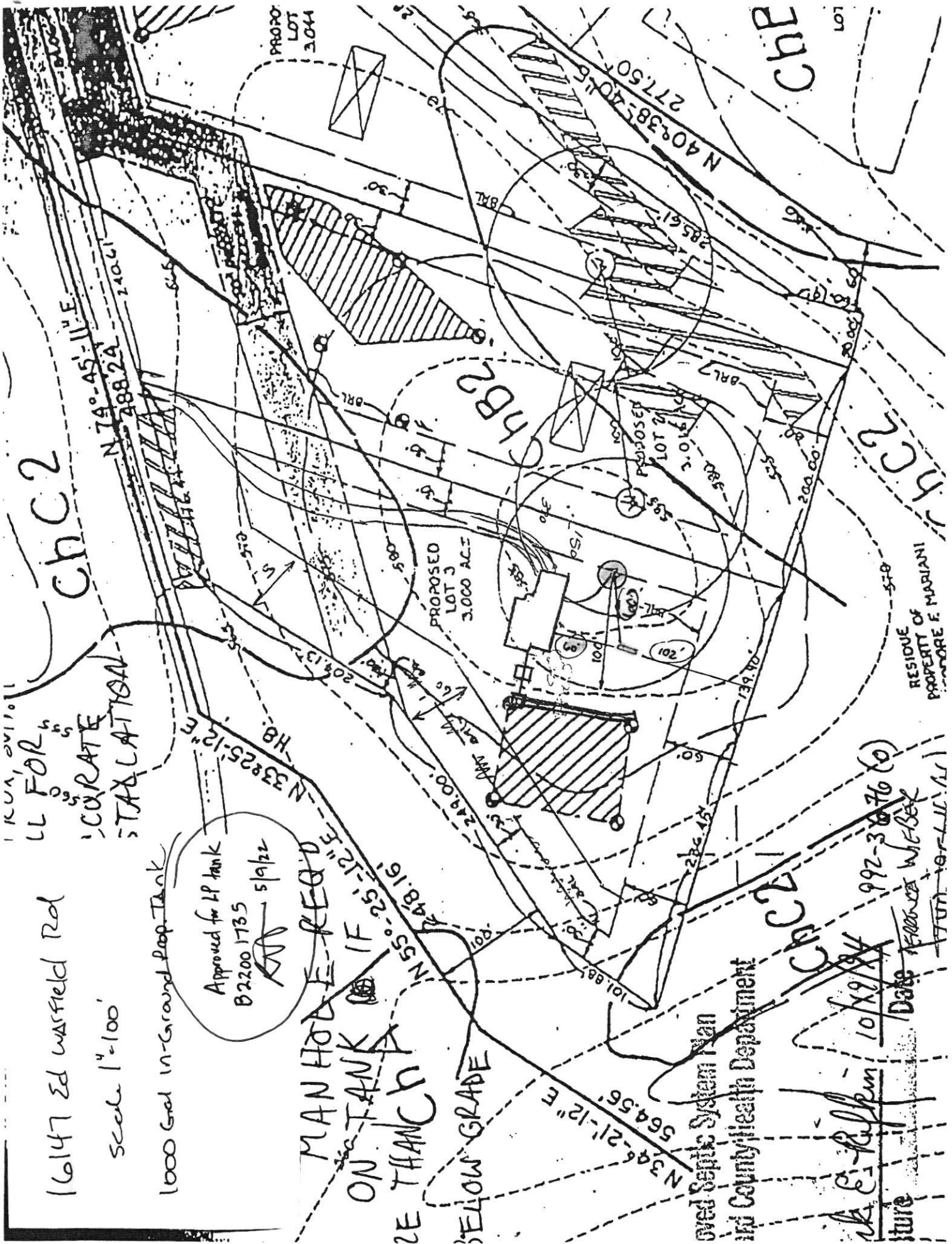
**RESIDENTIAL TANK INFORMATION**

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="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	▼ 1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private ▼	Private ▼	<input type="text" value="11/2/2022"/> <input type="button" value=""/>	0	

**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"/> <input type="button" value=""/>

Submit      Cancel



10/11/01  
 ALL FOR  
 CURATE  
 STATION

chc2

16147 Ed Warfield Rd

Scale 1"=100'

1000 Gal In-Ground Prop Tank

Approved for HP tank  
 B22001735  
 5/19/22

MANHOLE REQUIRED  
 ON TANK IF  
 2E THANCU  
 YELLOW GRADE

Proposed Septic System Plan  
 Clark County Health Department

Ed Bullen 10/19/24  
 Date 992-3076 (c)  
 REVISION W/FSEX

RESIDUE OF MARIANI  
 PROPERTY E MARIANI