

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type: Building/Residential/Misc/Tanks
 Permit Number: B21000925
 Opened Date: 03/24/2021

Description of Work
 Setting 1-120 LP AG Tank

[check spelling](#)

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #: 12492 Street Name: EAST NUGGET Street Type: CT
 Unit Type: --Select-- Unit #: X Coordinate: -76.94438 Y Coordinate: 39.15996
 City: HIGHLAND State: MD Zip Code: 20777 Primary: 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
844155	241	1.02	200200	366700	166500	RURAL

Legal Description
 IMPSPLOT 10 S 3 1.020 A[]12492 NUGGET CT[]HIGHLAND

[check spelling](#)

Approved 7/23/21
 [Signature]

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605102	5				

Plan Area: State Tax Id: 1405355710 Subdivision Name:
 Section: Area: Tax Map: 40
 Grid: Zoning District: ADC Map: 40-18 RR-DEO 5051-J5
 SDP No.: Final Plan No.: WP File No.:
 Record Plat No.: 992 WS Contract No.: FDP No.: Primary: Yes

Owner Occupied: Year Built: 1973 Historic District: No
 Historic District Registry No.: Stat Area: 5-15A Flood Plain: No
 Building No:

Owner (This section is required.)

Search Reset Clear

Name: THOMPSON ANDREA
 Address Line 1: 8807 CHURCHFIELD LN
 Address Line 2:
 Address Line 3:
 Mail City: LAUREL Mail State: MD Mail Zip Code: 20708
 Phone: 301-775-1789 Primary: Yes
 E-mail: sgarrett@petro.com
 Cell Number: Fax Number:

Professionals (This section is not required.)

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License # *	Business Name		
20020006908	ARCO MECHANICAL SERVICES LLC		
License Type *	First Name	Middle Name	Last Name
Plumb/Gas	JOHN		TEWEY
Primary	Address Line 1		
No	10008 MAGLEDT RD		
	Address Line 2		
	City	State	ZIP Code
	BALTIMORE	MD	21234-0000
	Phone 1	Phone 2	Fax
	4109088180		4105290826
	E-mail		
	JOHN.TEWEY@YAHOO.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		
--Select--	John Mazura		
Primary	Organization Name		
Yes	Carrollhomeservices.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			
--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="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	1/19/2022	0	

PAYMENT INFORMATION

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

Submit Cancel

