

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks	Permit Number B24001695	Opened Date 05/07/2024
Description of Work SFD//INSTALL (1) 250 UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 3631	Street Name POINT HITCH	Street Type RD
Unit Type --Select--	Unit #	X Coordinate -77.02903
City GLENWOOD	State MD	Zip Code 21738
		Y Coordinate 39.27031
		Primary Yes



Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 891677	Parcel 48	Parcel Area 3.04	Land Value 340300	Improved Value 598800	Exemption Value 308440	Plan Area RURAL
Legal Description LOT 14 3.044A []3631 POINT HITCH RD []COUNTRYSIDE						

[check spelling](#)

Block 14	Census Tract 605601	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1404341538	Subdivision Name COUNTRYSIDE				
Section	Area	Tax Map 21				
Grid 21-10	Zoning District RR-DEO	ADC Map 4812-F7				
SDP No.	Final Plan No.	WP File No.				
Record Plat No. 4783	WS Contract No.	FDP No.	Primary Yes			
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 1985	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No. 4-09	Stat Area	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No						

Owner * (This section is required.)

Search Reset Clear

Name *
SHAFI

Address Line 1
3631 POINT HITCH RD

Address Line 2

Address Line 3

Mail City
GLENWOOD
Mail State
MD
Mail Zip Code
21738
Phone
443-610-7514
Primary
Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * Business Name
20100102776 N/A
License Type * First Name Middle Name Last Name
Propane Gs ROBERT FRANCIS HINKLEMAN
Primary Address Line 1
Yes 5260 WESTVIEW DR., STE. 200
Address Line 2

City State ZIP Code
FREDERICK MD 21703
Phone 1 Phone 2 Fax
410-652-0050 855-965-5577
E-mail
RHINKLEMAN@THOMPSONGAS.COM

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
700 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 #
 Yes No (Text) Yes No Yes No (Text)
Existing Use * Number of Tanks Installed * Number of Tanks Removed *
SFD 1 (Number) 0 (Number)

