

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Pool Spa
Permit Number B23003877
Opened Date 09/22/2023
Description of Work SFD/ INSTALL 20' X 40' INGROUND CONCRETE SWIMMING POOL, DEPTH 3'6" - 8' WITH FENCE TO CODE, CONSTRUCT 14' X 20' OPEN PAVILION OVER NEW PATIO

[check spelling](#)

Online BP.
 9/28 9/28/23

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 11016
Street Name HIDDEN FOX
Street Type CT
Unit Type --Select--
Unit # --
X Coordinate -76.89246
Y Coordinate 39.24335
City ELLICOTT CITY
State MD
Zip Code 21042
Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID * 886580
Parcel 21
Parcel Area 1.14
Land Value 161400
Improved Value 674200
Exemption Value 512800
Plan Area RURAL
Legal Description IMPSPLOT 12 1.147 A[]11016 HIDDEN FOX CT[]GAITHER HUNT S1A1 RSB 4&

[check spelling](#)

Block 9999
Lot 12
Census Tract 603000
Council Dist 5
Inspection Dist
Supervisor Dist
Map #
DAP Zone
Plan Area
State Tax Id 1403326020
Subdivision Name
Section
Area
Tax Map 29
Grid 29-5
Zoning District RC-DEO
ADC Map 4934-H2
SDP No.
Final Plan No.
WP File No.
Record Plat No. 13210
WS Contract No.
FDP No.
Primary Yes
Owner Occupied Yes No
Year Built 1999
Historic District Yes No
Historic District Registry No. 3-09A
Stat Area
Flood Plain Yes No
Building No

Owner * (This section is required.)

Search Reset Clear
Name * CLARKE DAVID JR
Address Line 1 11016 HIDDEN FOX CT
Address Line 2
Address Line 3
Mail City ELLICOTT CITY
Mail State MD
Mail Zip Code 21042
Phone 410-997-6923
Primary Yes
E-mail
Cell Number
Fax Number

Professionals (This section is not required.)

License # *
08050121739

License Type *
MHIC Co

Primary
Yes

Business Name
RHINE LAWN CARE & LANDSCAPING LLC

First Name **Middle Name** **Last Name**
✓ JOHN LEE RHINE

Address Line 1
✓ 12885 OLD FREDERICK RD

Address Line 2

City **State** **ZIP Code**
SYKESVILLE MD 21784

Phone 1 **Phone 2** **Fax**
4104422445 4104894312

E-mail
CSM@RHINELANDSCAPING.COM

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant

Relationship
Applicant

Primary
Yes

First Name **MI** **Last Name**
✓ JOHN LEE RHINE

Full Name
✓ JOHN RHINE

Organization Name
RHINE LAWN CARE & LANDSCAPING LLC

Street Address
12885 OLD FREDERICK RD

Address Line 2

City **State** **Zip Code**
SYKESVILLE MD 21784

Phone **Cell** **Fax**
4104422445 4104894312

E-mail *
CSM@RHINELANDSCAPING.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
150000 0 0 No

Construction Type
--Select--

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee * **Capital Project Number** **Fee Exempt *** **Water Supply *** **Sewage Disposal ***
 Yes No Yes No Private Private

Existing Use * **Type of Pool or Spa *** **Pool Safety Device *** **Electrical Permit Number** **Expiration Date**
SFD In Ground Pool Fence 3/24/2024

Submit **Cancel**

