

Approved 2/2/23
MRE

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Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B23000277	01/27/2023
Description of Work		
SFD/ CONSTRUCT 45' X 20' INGROUND CONCRETE POOL, DEPTH 3' TO 8', 4' BLACK ALUMINUM FENCE TO CODE, FILLED BY TRUCK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12410	ALL DAUGHTERS	LN
Unit Type	Unit #	X Coordinate
--Select--		-76.94296
		Y Coordinate
		39.16228
City	State	Zip Code
HIGHLAND	MD	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
926302	178	1.14	251400	1030700	779300	RURAL
Legal Description						
IMPSLOT 6 1.1454 A[]12410 ALL DAUGHTERS LN[]ORCHARD ESTATES						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	6	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405451116	Orchard Estates					
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-18	RR-DEO	5051-K5					
SDP No.	Final Plan No.	WP File No.					
	F-07-005						
Record Plat No.	WS Contract No.	FDP No.		Primary			
19876-1987				Yes			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2018	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

VELLANKI SREENATH

Address Line 1

12410 ALL DAUGHTERS LN

Address Line 2

Address Line 3

Mail City

HIGHLAND

Mail State

MD

Mail Zip Code

20777

Phone

443-255-4527

E-mail

Primary

Yes

Cell Number

Fax Number

Professionals (This section is not required.)

License # * 08010111299-01 Business Name TRITON POOLS LLC

License Type * MHIC Ind First Name ANTHONY Middle Name Last Name FERRARA

Primary Address Line 1 1705 INGLESIDE ROAD Address Line 2

City FOREST HILL State MD ZIP Code 21050

Phone 1 4432504948 Phone 2 Fax

E-mail AJ@TRITONPOOLSMD.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant First Name KAREN MI H Last Name ROWLEY

Relationship Agent for Applicant Full Name KAREN H ROWLEY

Primary Organization Name KH & K

Street Address 293 SOUTHLAND COURT Address Line 2

City DUNKIRK State MD Zip Code 20754

Phone 410-507-7705 Cell Fax

E-mail * KHKPERMITS05@YAHOO.COM

Addtl Info

Est Construction Cost * 70000 Housing Units * 0 Number of Buildings * 0 Public Owned No

Construction Type --Select--

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No

Water Supply * Private Sewage Disposal * Private

Existing Use * SFD Type of Pool or Spa * In Ground Pool Pool Safety Device * Fence Electrical Permit Number Expiration Date 8/1/2023

PAYMENT INFORMATION

Check 1 Payee 1 SAP Doc No SAP Entered

Submit Cancel

