

Record Detail \* (This section is required.)

Approved R/E  
7/17/2023

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B23002664	07/13/2023
Description of Work		
SFD/ CONSTRUCT 40' X 20' INGROUND CONCRETE POOL, AUTO COVER AND FENCE, DEPTH 3' TO 6.5'		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5421	TALON	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-76.97309	39.22357
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	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
880550	388	3.09	261500	635100	373600	RURAL

Legal Description

IMPSLOT 12, 3.09 A[ ]5421 TALON CT[ ]EAGLE POINT LANDING

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	12	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405408504	EAGLE POINT LANDING					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-21	RR-DEO	4933-E5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.			Primary		
7962					Yes		
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1993	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

DE PARNAB

Address Line 1

5421 TALON CT

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
205-441-1650	Yes	
E-mail		

Cell Number      Fax Number

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

License # *	Business Name		
08010045494	SUNRISE PREMIERE POOL BUILDERS LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	✓ DONALD		SEYFFERTH
Primary	Address Line 1		
Yes	✓ 1517 RITCHIE HWY, SUITE 103		
	Address Line 2		
	City	State	ZIP Code
	ARNOLD	MD	21012
	Phone 1	Phone 2	Fax
	4103493852		4103493668
	E-mail		
	SUNRISEPOOLS33@AOL.COM		

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

Search      As Owner      As Lic. Prof      As Contact

Type *	First Name	MI	Last Name
Applicant	✓ KAREN	H	ROWLEY
Relationship	Full Name		
Agent for Applicant	✓ KAREN H ROWLEY		
Primary	Organization Name		
Yes	✓ KH & K		
	Street Address		
	293 SOUTHLAND COURT		
	Address Line 2		
	City	State	Zip Code
	DUNKIRK	MD	20754
	Phone	Cell	Fax
	410-507-7705		
	E-mail *		
	KHKPERMITS05@YAHOO.COM		

**Addtl Info**

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
80000	0	0	No
Construction Type			
--Select--			

**POOL INFORMATION**

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee	Capital Project Number	Fee Exempt	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use *	Type of Pool or Spa *	Pool Safety Device	Electrical Permit Number	Expiration Date
SFD	✓ In Ground Pool	✓ Automatic Pool Cover	✓ E23003699	1/13/2024

Submit      Cancel

