

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B23002713	07/18/2023

Description of Work

SFD//INSTALL (1) 500 GALLON UNDERGROUND PROPANE TANK

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
12113	SUDBURY	CT
Unit Type	Unit #	X Coordinate
-Select-		-76.92823
		Y Coordinate
		39.17775
City	State	Zip Code
CLARKSVILLE	MD	21029
	Primary	
	Yes	

Approved 7/18/23
AJ

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
850402	458	4.33	279900	671400	391500	RURAL

Legal Description

IMPSLOT 20 4.3329 A [12113 SUDBURY CT] ASHLEIGH GREENE SUB S1

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	20	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405410037	Ashleigh Greene Subdivision					
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-1	RR-DEO	5052-B2					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
8728			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1990	<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 *

NATALIA INDRASARI

Address Line 1

12113 SUDBURY CT

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code
 CLARKSVILLE MD 21029

Phone Primary
 301-725-3232 Yes

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * Business Name
 68408 HJ POIST

License Type * First Name Middle Name Last Name
 Propane Gs JEFF WISEMAN

Primary Address Line 1
 Yes 360 MAIN ST

Address Line 2

City State ZIP Code
 LAUREN MD 20707

Phone 1 Phone 2 Fax
 3017253232

E-mail
 JEFF@HJPOIST.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
 500 0 0 No

Construction Type
 329 - Structures Other Than Buildings (Retaining Walls/Tents)

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #
 Yes No Yes No Yes No

Existing Use * Number of Tanks Installed * Number of Tanks Removed *
 SFD 1 0

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *

01' 45" dated Dec. 7, 1908

MULTIPLE UNIT SUBDIVISION SECTION 1
LOTS 1 THRU 27
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

LOT 13
N 23° 47' 50" E
LOT 12
306.63'
LOT 20
4,332.9 AC.

Wall Check: 6-12-90
Top of Wall El: 499.5
Final: 10-1-90

20' Storm Drain
Utilities Easement
P. No 8345

Private Sewage
Easement - P No. 8342
Note No. 4

Well Site - P No. 8342

285' ±

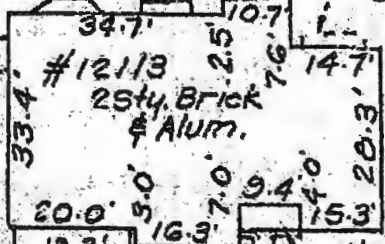
76' BRL

R = 315.00'
A = 28.88'

503' 30" 00" W
190' 00" W
COURT 16' W

2' x 6.3' x 11' Bay Window
2' x 8.3' Bay Window

2' x 10' Overhang



4' x 9.4' Conc. Stoop & Step

3' Conc. Walk

SCALE: 1" = 30'

CLARK • FINEPROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

Scale 1" = 100'

Approved for LP tank

B23002713

7/18/23

(w/s line up w/ archive file) (RW)