

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B22004355 Opened Date 11/23/2022
Description of Work SFD/ INSTALL (1) 500 GAL ABOVE GROUND PROPANE TANK

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 14695 Street Name TRIADELPHIA MILL Street Type RD
Unit Type --Select-- Unit # X Coordinate -77.02659 Y Coordinate 39.22859
City DAYTON State MD Zip Code 21036 Primary Yes

Handwritten note: Approved 12/6/22 with signature

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID 882448 Parcel 124 Parcel Area 3.48 Land Value 288600 Improved Value 395500 Exemption Value 106900 Plan Area RURAL
Legal Description IMPSLOT 5 3.489 A[]14695 TRIADELPHIA MILL R[]MILDRED V BROWN

check spelling

Block 5 Lot 5 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1405385431 Subdivision Name MILDRED V BROWN
Section Area Tax Map 27
Grid Zoning District RR-DEO ADC Map 4932-F4
SDP No. Final Plan No. WP File No.
Record Plat No. 5960 WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 1980 Historic District Yes No
Historic District Registry No. Stat Area 5-01 Flood Plain Yes No
Building No

Owner * (This section is required.)

Search Reset Clear
Name JOHAL CHARANPREET SINGH
Address Line 1 14695 TRIADELPHIA MILL RD
Address Line 2
Address Line 3
Mail City DAYTON Mail State MD Mail Zip Code 21036
Phone 410-733-9991 Primary Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * Business Name THOMPSON GAS
License Type * Propane Gs
First Name Middle Name Last Name J. RANDALL THOMPSON
Address Line 1 Address Line 2 6708 OLD NATIONAL PIKE
City State ZIP Code BOONSBORO MD 21713
Phone 1 Phone 2 Fax 301-432-6611 301-432-7147
E-mail BROHRER@THOMPSONGAS.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name MICHELLE CLANCY
Relationship Full Name MICHELLE CLANCY
Organization Name 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
1000 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 #
Existing Use * Number of Tanks Installed * Number of Tanks Removed *
Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *
Private Private 6/4/2023 0

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel

