

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B18001527	05/08/2018
Description of Work		
SFD/ INSTALL A 47' X 17' IN-GROUND POOL, DEPTH 3' TO 8", FENCE TO CODE, FILLED BY TRUCK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12832	MACBETH FARM	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-76.94475	39.19067
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
923622	90	1.31	353100	1312500	959400	RURAL
Legal Description						
IMPSLOT 5 1.172 A[]12832 MACBETH FARM LN[]MACBETH FARM						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
24	5	605102	4				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405444977	Macbeth Farm					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-24	RR-DEO	4933-J10					
SDP No.	Final Plan No.	WP File No.					
	F-06-101						
Record Plat No.	WS Contract No.	FDP No.					
18790-1879							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2007	<input checked="" type="radio"/> Yes <input 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 *

Address Line 1

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
<input type="text" value="CLARKSVILLE"/>	<input type="text" value="MD"/>	<input type="text" value="21029"/>

Phone
 Primary

E-mail

Cell Number	Fax Number
<input type="text"/>	<input type="text"/>

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
<input type="text" value="08010095872"/>	<input type="text" value="ANTHONY & SYLVAN CORP"/>		
License Type *	First Name	Middle Name	Last Name
<input type="text" value="MHIC Ind"/>	<input type="text" value="ALAN"/>	<input type="text"/>	<input type="text" value="WALKER"/>
Primary	Address Line 1		
<input type="text" value="Yes"/>	<input type="text" value="8260 PRESTON COURT STE 1"/>		
	Address Line 2		
	<input type="text"/>		
	City	State	ZIP Code
	<input type="text" value="JESSUP"/>	<input type="text" value="MD"/>	<input type="text" value="20794-0000"/>
	Phone 1	Phone 2	Fax
	<input type="text" value="2154895600"/>	<input type="text"/>	<input type="text" value="2154895610"/>
	E-mail		
	<input type="text" value="AWALKER@ANTHONYSYLVAN.COM"/>		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
<input type="text" value="Applicant"/>	<input type="text" value="KAREN"/>	<input type="text" value="H"/>	<input type="text" value="ROWLEY"/>
Relationship	Full Name		
<input type="text" value="Agent for Applicant"/>	<input type="text" value="KAREN H ROWLEY"/>		
Primary	Organization Name		
<input type="text" value="Yes"/>	<input type="text" value="KH & K"/>		
	Street Address		
	<input type="text" value="293 SOUTHLAND COURT"/>		
	Address Line 2		
	<input type="text"/>		
	City	State	Zip Code
	<input type="text" value="DUNKIRK"/>	<input type="text" value="MD"/>	<input type="text" value="20754"/>

Phone	Cell	Fax
410-507-7705		
E-mail *		
KHKPERMITS05@YAHOO.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000	0	0	No
Construction Type			
329 - Structures Other Than Buildings			

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 *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool		11/5/2018	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered
N/A	ONLINE PAYMENT		

Submit Cancel

Will check ok
 slight shift toward SE
 9/7/07
 SF

On-Line Permit
 Scale 1"=100'

AG-BILT FOUNDATION PLAN
 MACBETH FARMS

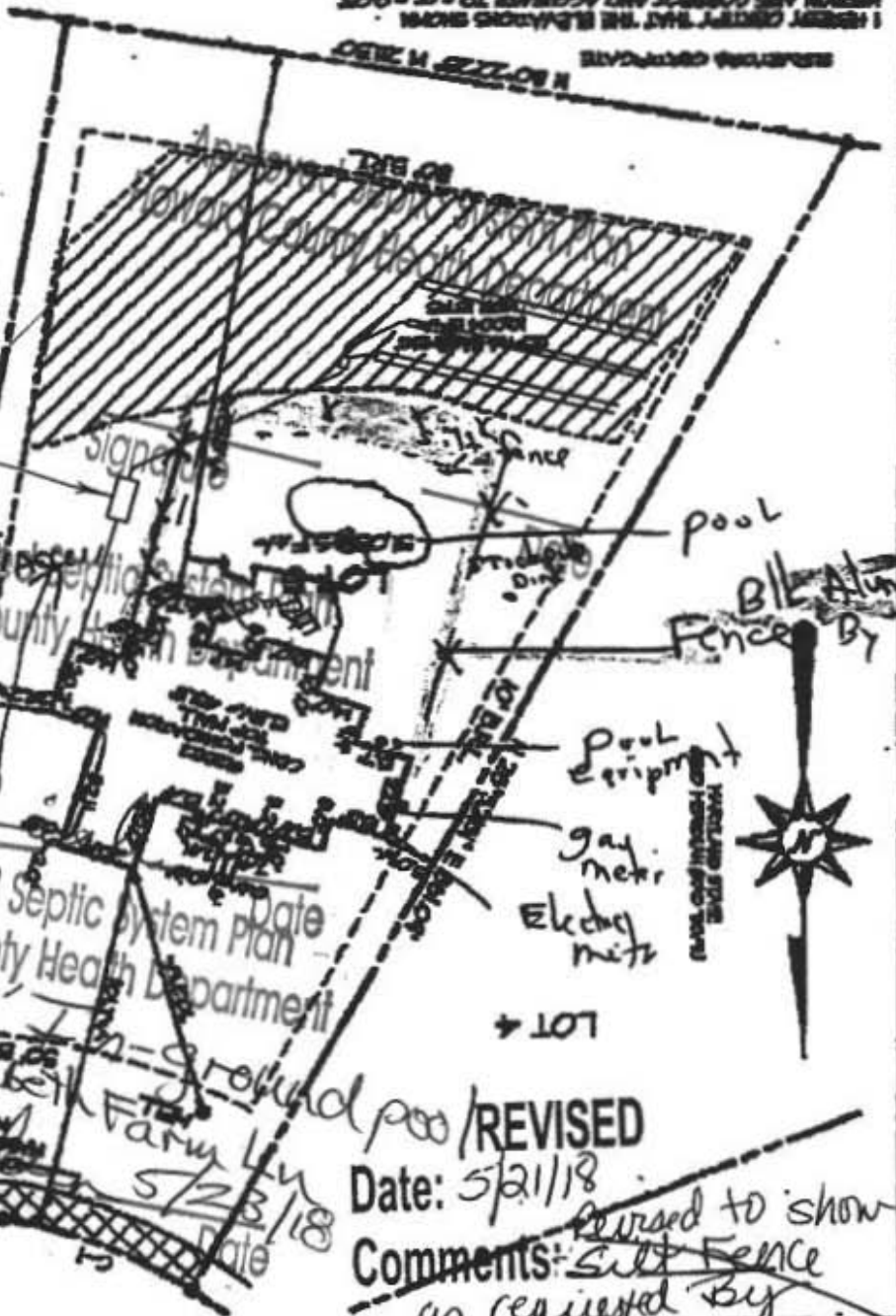
MORIS & RICHIE ASSOCIATES, INC.
 MPA

DATE	DESCRIPTION	BY
1/2/2007	AG-BILT FOUNDATION PLAN	MR. MORIS

PROFESSIONAL LAND SURVEYOR
 MORIS & RICHIE ASSOCIATES, INC.
 1021 N. 10th St., Suite 100
 Raleigh, NC 27604
 DATE: 1/2/2007

- 1. THIS LOCATION SURVEY HAS BEEN MADE IN ACCORDANCE WITH THE SURVEYING ACT OF 1978 AND THE RULES AND REGULATIONS THEREUNDER.
- 2. THIS SURVEY HAS BEEN MADE IN ACCORDANCE WITH THE SURVEYING ACT OF 1978 AND THE RULES AND REGULATIONS THEREUNDER.
- 3. THIS SURVEY HAS BEEN MADE IN ACCORDANCE WITH THE SURVEYING ACT OF 1978 AND THE RULES AND REGULATIONS THEREUNDER.
- 4. THIS SURVEY HAS BEEN MADE IN ACCORDANCE WITH THE SURVEYING ACT OF 1978 AND THE RULES AND REGULATIONS THEREUNDER.

I HEREBY CERTIFY THAT THE SURVEYING WORK WAS DONE BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A LICENSED SURVEYOR IN THE STATE OF NORTH CAROLINA.



NOTE: TEMP. FENCING TO BE PLACED TO PROTECT SEPTIC TANK / SEWAGE DISPOSAL AREAS DURING CONSTRUCTION



Approved Septic System Plan
 Howard County Health Department
 471 x 117'
 12832 sq ft
 Macbeth Farm Lane
 Date: 5/23/18

pool / REVISED
 Date: 5/21/18
 Comments: ~~Bill of Materials~~ revised to show silt fence as requested by

silt fence not req. Health Dept.