

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B18002928	08/20/2018
Description of Work		
SFO/ 41' X 19' IN GROUND POOL, DEPTH 3 1/2 to 5 1/2'. FENCE TO CODE BY OWNER / **8 29.18 REVISED PLOT PLAN SHOWING WELL & SEPTIC PROTECTED BY TEMPORARY BARRIER, REQUESTED BY THE HEALTH DEPT **		

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
11715	JANNEY	CT
Unit Type	Unit #	X Coordinate
--Select--		-76.91972
		Y Coordinate
		39.17061
City	State	Zip Code
CLARKSVILLE	MD	21029
		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
847671	143	1.13	351300	873400	322100	RURAL
Legal Description						
IMPSLOT 12 1 132 A(11715 JANNEY CT RW)(EASTERN VIEW						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
9999	12	605102	4				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405425751						
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-8	RR-DED	5052-C3					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
12458							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1999	<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 *	JOHN ONDOV	
Address Line 1	11715 JANNEY CT	
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
410-292-6333	Yes	
E-mail		
Cell Number	Fax Number	

Online Permit
B18002928

RBuehler, 8/30/2018
approved for Health Dept
11715 Janney Ct.

Online Permit

*FBuckner, 8/30/2018
approved for Health Dept*

Professional (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010095872	ANTHONY & SYLVAN CORP		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	ALAN		WALKER
Primary	Address Line 1		
No	8280 PRESTON COURT STE 1		
	Address Line 2		
	City		
	JESSUP	State	ZIP Code
		MD	20794-0000
	Phone 1	Phone 2	Fax
	2154895600		2154895810
	E-mail		
	AWALKER@ANTHONYSYLVAN.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		
	DUNKIRK	State	Zip Code
		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
30000	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	Public
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool	E18003988	2/19/2019	

PAYMENT INFORMATION

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

Related Records

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Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B18002928	Residential Pool or Spa Permit	Review In Process	11715	JANNEY	08/20/2018	SFD/ 41' X 19' IN GROUND POOL, DEPTH 3 1/2 to 5 1/2', FENC
E18003988	Residential Electrical Miscellaneous Permit	Issued	11715	JANNEY	08/21/2018	POOL WIRING, POOL AND DECK BONDING 4439965981 B180

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Submit Cancel

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 8/29/18

To: Debbie Whalen
(Person's Name and Division)

From: Anthony J Sylvan Pals) 410 507 7705
(Your Name, Company Name and Telephone Number)

Subject: Project name D=smaria
Project site address 11715 Jolley Ct Clarksville 21029
Permit # B18002928 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).

Health Department Request DPZ/ DED Request Applicant's Request

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

Other show septic tank & well be protected by temporary barrier

Contact Person Information: (Required)

Karen Rowley
Please Print Name

Telephone No: 410 507 7705

E-Mail Address: khkpermits05@yahoo.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by  Revision

