

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20004300	12/06/2020

Description of Work

SFD 43'X20' INGROUND CONCRETE POOL, DEPTH 3 1/2' TP 6 1/2', AUTO COVER IN LIEU OF FENCE, LETTER ATTACHED, FILLED BY TRUCK, NO HEATER

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5525	JACKS LANDING	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9763	39.21628
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
11057411	414	0	0	0	0	RURAL

Legal Description

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	4	605101	5				
Plan Area	State Tax Id	Subdivision Name					
		Jack's Landing					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-3	RR-DEO	4933-D6					
SDP No.	Final Plan No.	WP File No.	Primary				
	F-08-101		Yes				
Record Plat No.	WS Contract No.	FDP No.					
23952-2395							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<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

Clarksville	MD	21029
-------------	----	-------

Phone Primary

301-331-6561	Yes
--------------	-----

E-mail

Cell Number

Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Professionals (This section is not required.)

Search Reset Clear

License # *

Business Name

License Type *

First Name

Middle Name

Last Name

Primary

Address Line 1

Address Line 2

City

State

ZIP Code

Phone 1

Phone 2

Fax

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *

First Name

MI

Last Name

Relationship

Full Name

Primary

Organization Name

Street Address

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
40000	0	0	No <input type="checkbox"/>
Construction Type			
434 - Additions, Alterations and Conversions - Residential <input type="checkbox"/>			

POOL INFORMATION

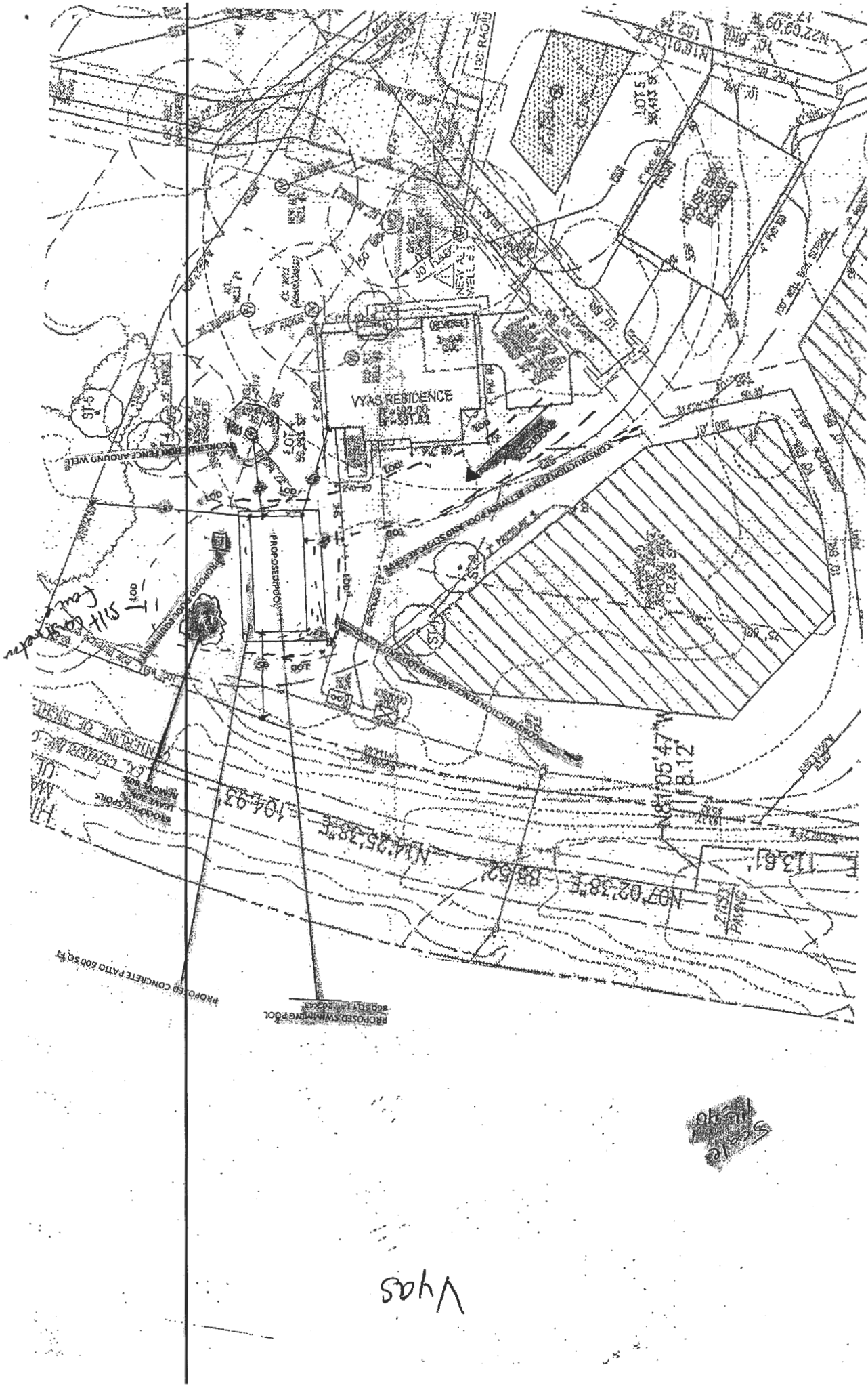
MISCELLANEOUS POOL INFORMATION

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 <input type="checkbox"/>	Private <input type="checkbox"/>
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD <input type="checkbox"/>	In Ground Pool <input type="checkbox"/>		6/5/2021 <input type="checkbox"/>	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit Cancel



1/4" = 1'-0"
1/8" = 1'-0"

Scale
1/8" = 1'-0"

Vyas