

Record Detail * (This section is required.)

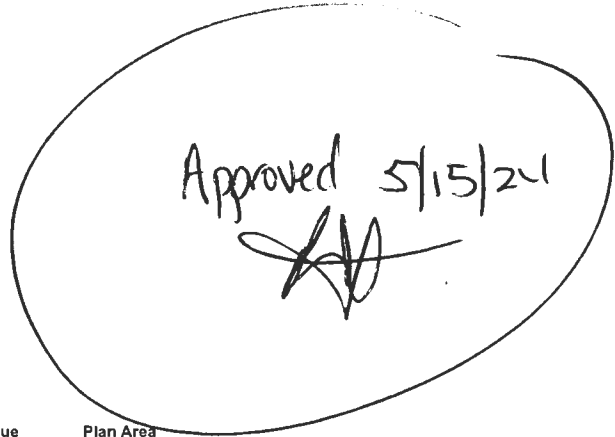
Permit Type Building/Residential/Misc/Tanks	Permit Number B24001705	Opened Date 05/08/2024
Description of Work SFD/ INSTALL (1) 500 GALION UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12525	Street Name MARLOW	Street Type RD
Unit Type --Select--	Unit #	X Coordinate -76.94383
City FULTON	State MD	Y Coordinate 39.15348
	Zip Code 20759	Primary Yes



Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 843108	Parcel 134	Parcel Area 3.15	Land Value 297300	Improved Value 878500	Exemption Value 581200	Plan Area RURAL
Legal Description IMPSLOT 4 3.152 A[]12525 MARLOW RD[]HICKORY HILL FARMS						

[check spelling](#)

Block	Lot 4	Census Tract 605102	Council Dist 4	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1405407044	Subdivision Name					
Section	Area	Tax Map 40					
Grid 40-24	Zoning District RR-DEO	ADC Map 5051-J6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No. 7519	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 1996	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 5-15A	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name
SCHW

Address Line 1
12525 MARLOW RD

Address Line 2

Address Line 3

Mail City
FULTON

Mail State
MD

Mail Zip Code
20759

Phone
443-610-7514

Primary
Yes

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # 68408 Business Name HJ POIST License Type Propane Gas Primary Yes First Name JEFF Middle Name Last Name WISEMAN Address Line 1 360 MAIN ST Address Line 2 City LAUREN State MD ZIP Code 20707 Phone 1 3017253232 Phone 2 E-mail JEFF@HJPOIST.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant Relationship Applicant Primary Yes First Name MICHELLE MI Last Name CLANCY Full Name MICHELLE CLANCY Organization Name APPLIED & APPROVED PERMITS LLC Street Address P.O. BOX 310 Address Line 2 City PERRY HALL State MD Zip Code 21128 Phone 443-340-1229 Cell Fax E-mail MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost 750 Housing Units 0 Number of Buildings 0 Public Owned No Construction Type 434 - Additions, Alterations and Conversions - Residential

TANK INFORMATION

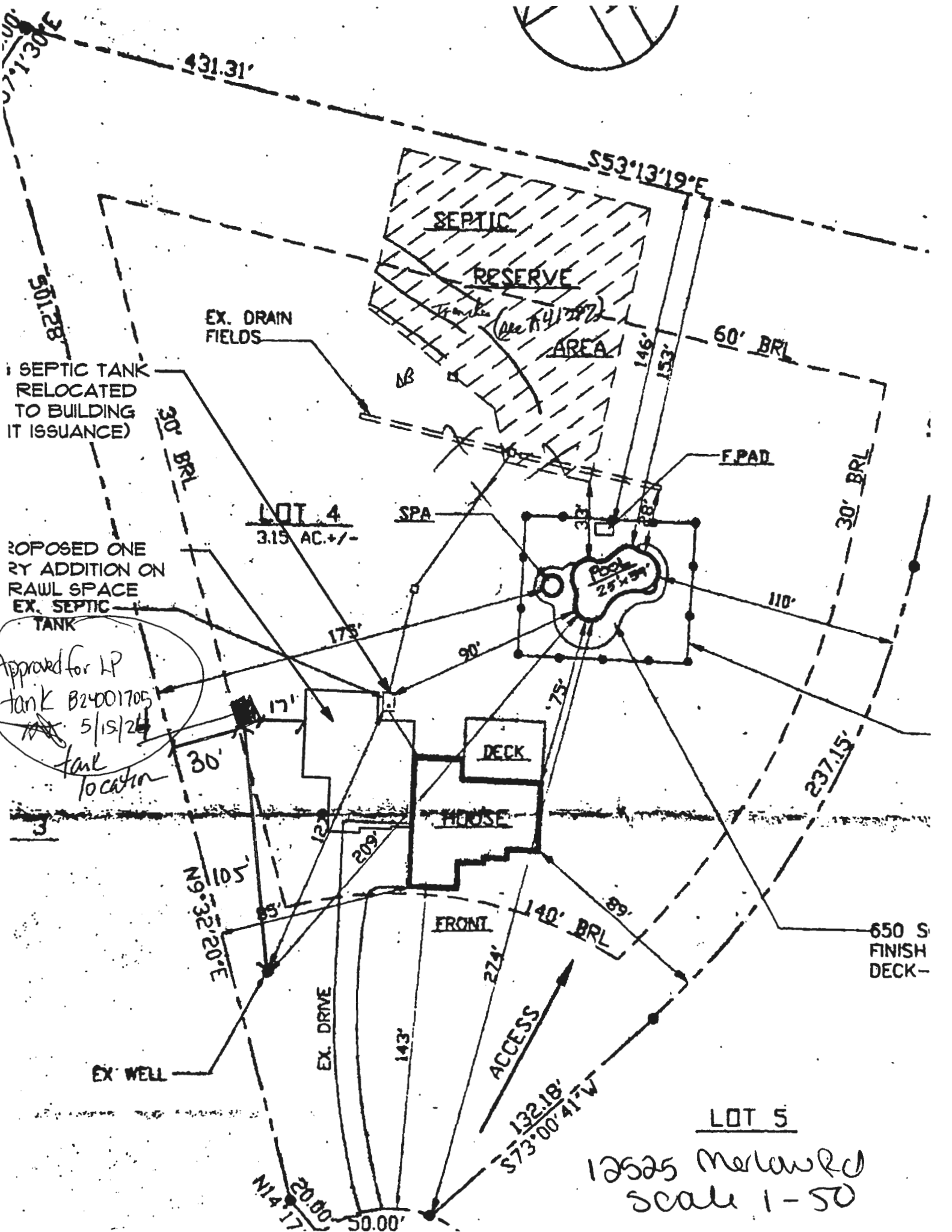
RESIDENTIAL TANK INFORMATION

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

Related Records

Showing 1-5 of 5

Table with 7 columns: Permit Number, Record Type Alias, Status, Number, Street Name, Opened Date, Description. Contains 5 rows of permit records.



SEPTIC TANK RELOCATED TO BUILDING (IT ISSUANCE)

PROPOSED ONE STORY ADDITION ON RAWL SPACE EX. SEPTIC TANK

Approved for LP tank B24001705 5/15/24 tank location

LOT 5

12525 Merlaw Rd Scale 1-50