

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

Date: 3-26-19

To: Annette Merson Zoning
(Person's Name and Division)

From: Karen Bowley Anthony + Sylvia (410) 507 7705
(Your Name, Company Name and Telephone Number)

Subject: Project name Luse
Project site address 13719 Grey Fox Run Glen Elg 21037
Permit # B19000710 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 Site plan to scale (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 _____

Contact Person Information: (Required)

Karen Bowley
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

A. Hurman

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

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Menu Save Reset Cancel Help

B19000710
13719 Grey Fox Run

OK' RB 3/26/19

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B19000710	03/16/2019
Description of Work		
SFD/ INSTALL 42' X 22' INGROUND CONCRETE POOL, DEPTH 3' TO 8', FILLED BY TRUCK, 48" FENCE TO CODE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
13719	GREYFOX	RUN
Unit Type	Unit #	X Coordinate
-Select-		76.98803
		Y Coordinate
		39.27531
City	State	Zip Code
GLENELG	MD	21737
	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
910881	2	55893	226400	642800	416400	RURAL
Legal Description						
IMPSLOT 7 1.28 A[]13719 GREYFOX RUN[]FOXTAIL RUN						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	7	603000	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1403342387	Foxtail Run					
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-2	RR-DEO	4813-B6					
SDP No.	Final Plan No.	WP File No.					
	F-04-047						
Record Plat No.	WS Contract No.	FDP No.					
17124							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2008	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

LUSE JR PAUL S

Address Line 1

13719 GREY FOX RUN

Address Line 2

Address Line 3

Mail City

GLENELG

Mail State

MD



21737

Phone

443-465-2572

Primary

Yes



E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *

08010095872

Business Name

ANTHONY & SYLVAN CORP

License Type *

MHIC Ind



ALAN

Middle Name

Last Name

WALKER

Primary

No



Address Line 1

8260 PRESTON COURT STE 1

Address Line 2

City

JESSUP

State

MD

ZIP Code

20794-0000

Phone 1

2154895600

Phone 2

Fax

2154895610

E-mail

AWALKER@ANTHONYSYLVAN.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *

Applicant



First Name

KAREN

MI

H

Last Name

ROWLEY

Relationship

Agent for Applicant



Full Name

KAREN H ROWLEY

Primary

Yes



Organization Name

KH & K

Street Address

293 SOUTHLAND COURT

Address Line 2

City

DUNKIRK

State

MD

Zip Code

20754

B19000710

13719 Grey Fox Run

'OK' reb 3/26/19

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- ✓			

B19000710
13719 Grey Fox Run
'OK' reB 3/26/19

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 ✓		9/22/2019	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit

Cancel