

Approved
RAC 7/15/2020

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20002032	06/24/2020
Description of Work		
SFD/ INSTALL 18X44 INGROUND SWIMMING POOL W/ AUTOMATIC COVER		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
608	SIDELING	CT
Unit Type	Unit #	X Coordinate
--Select--		-76.99284
		Y Coordinate
		39.35557
City	State	Zip Code
SYKESVILLE	MD	21784
		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
829966	107	3.2	221500	538800	317300	RURAL
Legal Description						
IMPSLOT 16 3.207 A[]608 SIDELING CT[]GAITHERS SIDELING S 4						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	16	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404345460						
Section	Area	Tax Map					
		4					
Grid	Zoning District	ADC Map					
4-19	RC-DEO	4693-B4					
SDP No.	Final Plan No.	WP File No.	Primary				
			Yes				
Record Plat No.	WS Contract No.	FDP No.					
7800							
Owner Occupied	Year Built	Historic District					
☐ Yes ☐ No	1988	☐ Yes ☒ No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-03	☐ Yes ☒ No					

Building No

Owner * (This section is required.)

Search

Reset

Clear

Name *

STARLING BRIAN P

Address Line 1

608 SIDELING COURT

Address Line 2

Address Line 3

Mail City

SYKESVILLE

Mail State

MD

Mail Zip Code

21784

Phone

443-866-2869

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search

Reset

Clear

License # *

08010098619

Business Name

CATALINA POOL BUILDERS LLC

License Type *

MHIC Ind

▼

First Name

CLARENCE

Middle Name

Last Name

SEYFFERTH

Primary

Yes

▼

Address Line 1

836 RITCHIE HIGHWAY SUITE 8

Address Line 2

City

SEVERNA PARK

State

MD

ZIP Code

21146-0000

Phone 1

4106477665

Phone 2

Fax

4105440555

E-mail

INNFO@CATALINAPOLBUILDERS.COM

Applicant (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Type *

Applicant

▼

First Name

TIMOTHY

MI

Last Name

WATH

Relationship

Applicant

▼

Full Name

TIMOTHY WATH

Primary

Yes

▼

Organization Name

A TO Z PERMITS

Street Address

4701 SANGAMORE RD

Address Line 2

SUITE 100n #1009

City	State	Zip Code
BETHESDA	MD	20810
Phone	Cell	Fax
240-866-2869		
E-mail *		
CONTACT@ATOZPERMITS.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
30000	0	1	No
Construction Type			
101 - Single Family Houses Detached			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
☐ Yes ☒ No		☐ Yes ☒ No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool		1/12/2021	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit

Cancel

