



Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20002641	08/11/2020
Description of Work		
SFD/ INSTALL 32' RD STEEL ABOVEGROUND SWIMMING POOL, DEPTH 4'; NO FENCE NECESSARY		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
870	RIVER	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95043	39.34397
City	State	Zip Code	Primary
SYKESVILLE	MD	21784	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
830828	230	5.03	240200	568100	327900	RURAL

Legal Description

IMPSLOT 8 5.038 ACRES[]870 RIVER RD[]SYKESVILLE

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403289400						
Section	Area	Tax Map					
		9					
Grid	Zoning District	ADC Map					
9-5	RR-DEO	4693-H5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
☐ Yes ☐ No	1979	☐ Yes ☒ No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-01	☐ Yes ☒ No					
Building No							

'OK'
rCB
8/12/2020
B20002641

Owner * (This section is required.)

Search Reset Clear

Name *

ORCHARD DOROTHY M

Address Line 1

870 RIVER RD

Address Line 2**Address Line 3****Mail City**

SYKESVILLE

Mail State

MD

Mail Zip Code

21784

Phone

410-570-4029

Primary

Yes

E-mail**Cell Number****Fax Number****Professionals** (This section is not required.)

Search Reset Clear

License # *

08010013041

Business Name

VAN DORN POOLS INC

License Type *

MHIC Ind

First Name

CHARLES

Middle Name**Last Name**

STAFFORD

Primary

Yes

Address Line 1

107 MAIN STREET

Address Line 2**City**

REISTERSTOWN

State

MD

ZIP Code

21136-1211

Phone 1

4105269207

Phone 2**Fax**

4105269304

E-mail

CHUCK@VANDORNPOOLSANDSPAS.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *

Applicant

First Name

Mara

MI**Last Name**

Hooper

Relationship

Applicant

Full Name

MARA HOOPER

Primary

Yes

Organization Name

Van Dorn Pools & Spas

Street Address

107 Main St

Address Line 2**City****State****Zip Code**

Reisterstown	MD	21136
Phone	Cell	Fax
410-526-9990		
E-mail *		
reisterstown@vandornpoolsandspas.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
13000	0	0	No
Construction Type			
--Select--			

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	Above Ground Pool		2/7/2021	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit

Cancel