

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B20003764	10/29/2020
Description of Work		
SF/ INSTALL (2) 1000 GAL UNDERGROUND PROPANE TANKS		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
3415	SHADY	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.01614	39.27623
City	State	Zip Code	Primary
GLENWOOD	MD	21738	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
898540	95	5.13	200800	200800	0	RURAL
Legal Description						
LOT 4 5.135 A[]3415 SHADY LN[]THE KNOLLS A RSB LOT 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	4	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404347285	THE KNOLLS					
Section	Area	Tax Map					
		21					
Grid	Zoning District	ADC Map					
21-5	RR-DEO	4812-H6					
SDP No.	Final Plan No.	WP File No.					
	F-98-076						
Record Plat No.	WS Contract No.	FDP No.	Primary				
7734			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Approved 10/30/20
[Signature]

Owner * (This section is required.)

Search Reset Clear

Name *

MITCHELL KEVIN

Address Line 1

9110 DUNLOGGIN RD

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

ELLCOTT CITY

Mail State

MD

Mail Zip Code

21042

Phone

301-725-3232

Primary

Yes

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

Search Reset Clear

License # *

20100103851

Business Name

THE H.J. POIST GAS COMPANY, INC

License Type *

Propane Gs

First Name

SEAN

Middle Name

MICHAEL

Last Name

UNDERWOOD

Primary

Yes

Address Line 1

360 MAIN STREET

Address Line 2**City**

LAUREL

State

MD

ZIP Code

20707-0000

Phone 1

4434 149582

Phone 2**Fax****E-mail****Applicant** (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *

Applicant

First Name

MICHELLE

MI**Last Name**

CLANCY

Relationship

Applicant

Full Name

MICHELLE CLANCY

Primary

Yes

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 *	Housing Units *	Number of Buildings *	Public Owned
4000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	2	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	4/27/2021	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit

Cancel

