Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21003430	09/13/2021

Description of Work

SFD/ INSTALL (2) ASME 120GAL ABOVE GROUND PROPANE TANKS

check spelling

Approved 9/22/21

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
3303	SADDLE HORSE	CT

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.00896	39.28051

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
899177	180	41164	216700	435000	218300	RURAL

Legal Description

IMPSLOT 3 .945 AR S 2[ ]3303 SADDLE HORSE CT[ ]GLENWOOD ESTATES

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	605601	5				

Plan Area	State Tax Id	Subdivision Name
	1404335767	GLENWOOD ESTATES

Section	Area	Tax Map
		21

Grid	Zoning District	ADC Map
21-6	RR-DEO	4812-J6

SDP No.	Final Plan No.	WP File No.	Primary

Record Plat No.	WS Contract No.	FDP No.
3500		

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1983	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-09	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
SLADIC LEONARD J & WF

Address Line 1
3303 SADDLE HORSE CT

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
GLENWOOD	MD	21738

Phone	Primary
410-239-3900	Yes

E-mail

Cell Number	Fax Number

Professionals *(This section is not required.)*

Search Reset Clear

License # *	Business Name		
468	TEVIS OIL		
License Type *	**First Name**	**Middle Name**	**Last Name**
Propane Gs	C.NEVIN		HAINES
Primary	**Address Line 1**		
Yes	1618 N MAIN STREET		
	Address Line 2		
	City	**State**	**ZIP Code**
	HAMPSTEAD	MD	21074
	Phone 1	**Phone 2**	**Fax**
	410-984-0399		
	E-mail		

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

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

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	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 #
○ Yes ◉ No		○ Yes ◉ No	○ Yes ◉ No	

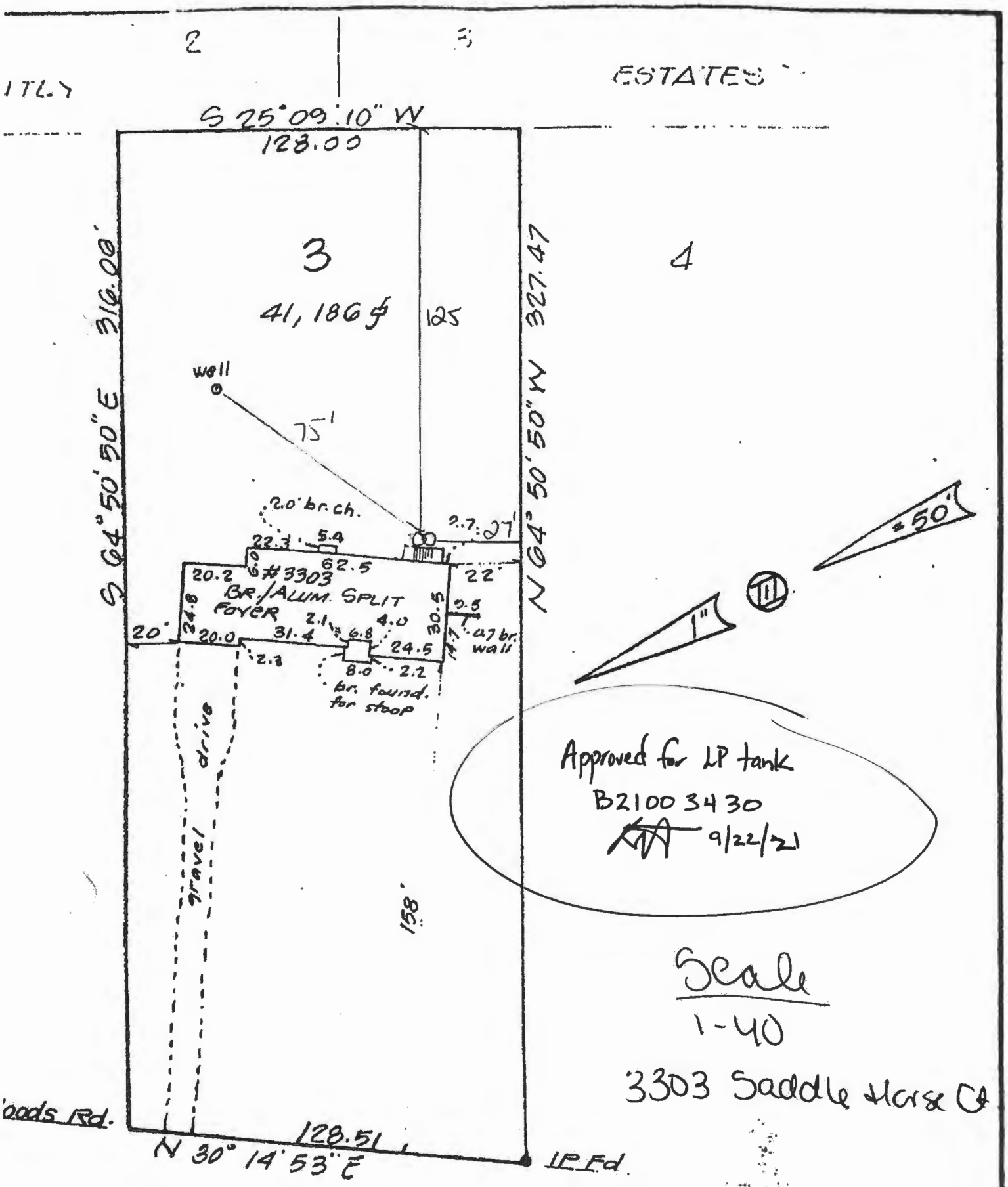
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *
SFD	2	0

Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *
Private	Private	3/20/2022	0

PAYMENT INFORMATION

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

Submit Cancel


2
3
ESTATES
S 25°09'10" W
128.00
3
41,186 ±
4
125
S 64°50'50" E 316.00
N 64°50'50" W 327.47
well
75'
2.0' br. ch.
2.7
27'
22.3
5.4
62.5
22'
20.2
#3303
BR./ALUM. SPLIT FOYER
24.8
30.5
20'
20.0
31.4
6.8
4.0
24.5
2.1
2.3
8.0
2.2
br. found. for stoop
.47 br. wall
drive
Travel
158'
128.51
N 30° 14' 53" E
IP Fd
oods Rd.
≈50'
1"
Approved for LP tank
B2100 3430
9/22/21
Scale
1-40
3303 Saddle Horse Ct
ADDLE HORSE