Approved 11/24/20 .. 14,00.

Menu Save Reset Cancel Help Record Detail * (This section is required.) Permit Type **Permit Number Opened Date** Building/Residential/Misc/Pool Spa B20004080 11/20/2020 **Description of Work** SFD/ CONSTRUCT 34'X18' IN GROUND CONCRETE POOL, FENCE TO CODE, FILLED BY TRUCK, DEPTH 3 1/2' TO 7' check spelling Address * (This section is required.) Search Reset Clear Get Parcel & Owner Street Name Street # **Street Type** 3642 SHARP RD Unit# **Unit Type** X Coordinate Y Coordinate --Select--77.01077 39.27069 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 896083 145 245700 595000 349300 RURAL **Legal Description** IMPSP/O PAR F 3.107 AR I[]3642 SHARP RD NWS[JUSTICE TRACT check spelling **Block** Lot Census Tract **Council Dist** Inspection Dist Supervisor Dist Map# **DAP Zone** 2 F 605601 Plan Area State Tax Id **Subdivision Name** 1404314921 Section Area Tax Map 21 Grid **Zoning District ADC Map** 4812-J7 21-11 RR-DEO SDP No. Final Plan No. WP File No. **Primary** Yes Record Plat No. WS Contract No. FDP No. **Owner Occupied** Year Built **Historic District** 2008 OYes ONo OYes

No Historic District Registry No. Stat Area Flood Plain 4-09 OYes

No

Building No								
Owner * (This section is re	auirod \							
Owner (This section is re	iquireu.)							
Search Reset	CI	ear						
Name *								
KEILHOLTZ WILLIAM L								
Address Line 1								
3642 SHARP RD								
Address Line 2								
Address Line 3								
Mail City		Mail State	Mail Zip	Code				
GLENWOOD			21738					
Phone		Primary						
410-507-7705		Yes						
E-mail								
Call Number	F	v Numebo-						
Cell Number	— Fa	x Number						
Professionals (This section	n is not r	equired)						
,								
Search Reset	CI	ear						
License # *	Busines	s Name						
08050132939		ISE POOLS IN	C					
License Type *	First Na			Middle Nan	ne	Last Na	me	
	VERA					FRANC		
Primary	Address	Line 1						
	7901 PC	OPLAR GROVE	ROAD					
	Address	Line 2						
	City				5	State		ZIP Code
	SEVER	N				MD		21144-0000
	Phone 1		Phone	2		Fax		
	301725	0005				00000	000000	
	E-mail			7674				
	OFFICE	@PARADISEF	POOLSMD	.COM				
Applicant (This section is	not requi	red.)						
Coarab As Owner	٨٥	lio Brof	An Contac					
Search As Owner	AS	Lic. Prof	As Contac	ι				
Type *	First Na	me			Last Na	ame		
	KAREN			Н	ROWL	EY		
Relationship	Full Nar	ne						
Agent for Applicant V	KAREN	H ROWLEY						
Primary	Organiz	ation Name						
Yes	KH & K							
	Street A	ddress						
	293 SO	UTHLAND CO	URT					
	Address							

City		State	Zip Code	
DUNKIRK		MD	20754	
Phone	Cell	Fa	x	
410-507-7705				
E-mail *				_
KHKPERMITS05@Y	AHOO.COM			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Bu	uildings * Public Ow	ned
40000	0	0	No	~
Construction Type				
Select				~

POOL INFORMATION

Capital Project-	·No Fee * Ca _l	Capital Project Number		Fee Exempt *		Water Supply *		Sewage Disposal	al *
O Yes No		14E		O Yes	s ● No	Private	~	Private	~
Existing Use			Type of Pool or Sp	oa *	Electrical Permi	it Number	Expiration	n Date	
SFD		~	In Ground Pool	~			5/22/2021		
PAYMENT INFO	RMATION								
Ohaali 4	Payee 1		•	SAP Doc	No	SAP Enter	he		
Check 1	rayee		•	ייייים ואכ	•••	OA! LIICH	-		

Related Records

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<u>Permit</u> Number	Record Type Alias	Status	Number	Street Name	Opened Date	Des
B20004080 E20005214	Residential Pool or Spa Permit Residential Electrical Miscellaneous Permit	Review In Process Application Acceptance Pending	3642 3642	SHARP	11/20/2020 11/22/2020	SF[PO
4 1	М					

Submit

Cancel

