

Save Reset Cancel Help

Approved 8/5/2021
BIV

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B21002559	07/16/2021
Description of Work		
SFD/ INSTALL A 20' X 45' inground concrete pool with spa and cartridge filter. Will include a fence enclosure per code.		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
11633	QUARTERFIELD	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9141	39.26547
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	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
894013	8	1.07	345300	1034800	689500	RURAL
Legal Description						
IMPSLOT23 1.070 A[]11633 QUARTERFIELD DR[]QUARTERFIELD S 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	23	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403320308						
Section	Area	Tax Map					
		23					
Grid	Zoning District	ADC Map					
23-15	RC-DEO	4814-D8					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
11940			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1997	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-09A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *		
ALEXANDER C CARR		
Address Line 1		
11633 QUARTERFIELD DR		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
303-568-9153	Yes	
E-mail		
acarr4379@comcast.net		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010071753	HERITAGE ELITE LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	MICHAEL	RAYMOND	SHAFFERY
Primary	Address Line 1		
Yes	8335 PULASKI HWY		
	Address Line 2		
	City	State	ZIP Code
	BALTIMORE	MD	21237
	Phone 1	Phone 2	Fax
	4108086988		4437037152
	E-mail		
	MIKE@ELITEPOOLS.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHAEL		SHAFFERY
Relationship	Full Name		
Applicant	MICHAEL SHAFFERY		
Primary	Organization Name		
Yes	HERITAGE ELITE LLC		
	Street Address		
	8335 PULASKI HWY		
	Address Line 2		
	City	State	Zip Code
	BALTIMORE	MD	21237-0000
	Phone	Cell	Fax
	4108086988		4437037152
	E-mail *		
	MIKE@ELITEPOOLS.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
40000	0	0	No
Construction Type			
--Select--			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool		1/25/2022	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit Cancel

1201002555
Approved
6/5/2021
pk/h

Elite Pools

409 EAS. FRONT STREET, SUITE 600
Baltimore, MD 21201
410-434-7346 OFFICE
WWW.ELITEPOOLS.COM

CARR RESIDENCE
11633 QUARTERFIELD DRIVE
ELLCOTT CITY, MD 21042

NO. REVISIONS

DATE

POOL PERMIT

DATE 10/10/21
SCALE 1"=8'-0"

SHEET
L1

