

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Fireplace	B20002021	06/30/2020
Description of Work		
SFD/Install (1) Heatilator GDST4336IFT Double Sided See Through Gas Fireplace		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
7648	WOODSTREAM	WAY
Unit Type	Unit #	X Coordinate
--Select--		-76.87842
		Y Coordinate
		39.15751
City	State	Zip Code
LAUREL	MD	20723
	Primary	
	Yes	

Qw
approved
7/30/20

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
845933	424	3	195000	566400	371400	SOUTHE

Legal Description

IMPSLOT 8 3.000 A[]7648 WINDSTREAM WAY[]KINDLER ESTATES

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8	606802	3				
Plan Area	State Tax Id	Subdivision Name					
	1406448410						
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-24	R-20	5052-K5					
SDP No.	Final Plan No.	WP File No.	Primary				
			Yes				
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1982	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	6-19	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Building No

Owner * (This section is required.)

Search

Reset

Clear

Name *

Address Line 1

Address Line 2

Address Line 3

Mail City

Mail State

MD

Mail Zip Code

Phone

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals * (This section is required.)

Search

Reset

Clear

License # *

Business Name

License Type *

MHIC Ind

First Name

Middle Name

Last Name

Primary

No

Address Line 1

Address Line 2

City

State

MD

ZIP Code

Phone 1

Phone 2

Fax

E-mail

Applicant * (This section is required.)

Search

As Owner

As Lic. Prof

As Contact

Type *

Applicant

First Name

MI

Last Name

Relationship

--Select--

Full Name

Primary

Yes

Organization Name

Street Address

Address Line 2

City	State	Zip Code
ANNAPOLIS JUNCTION	MD	21045-0000
Phone	Cell	Fax
4433863099		4105312966
E-mail *		
ADAMAUGUST@VERIZON.NET		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
5500	0	0	No
Construction Type			
--Select--			

Custom Fields

RESIDENTIAL FIREPLACE

Capital Project-No Fee *	Capital Project Number
<input type="radio"/> Yes <input checked="" type="radio"/> No	(Text)
Fee Exempt *	Existing Use *
<input type="radio"/> Yes <input checked="" type="radio"/> No	SFD
Type of Structure *	Number of Fireplaces *
Gas Fire Place	1 (Number)
Gas Type *	Utilities *
Propane	Gas & Electric
New Chimney *	Water Supply *
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private
Sewage Disposal *	Expiration Date
Private	1/26/2021
Submitted On Line	
<input checked="" type="radio"/> Yes <input type="radio"/> No	

PAYMENT INFO

Check 1	Payee 1
(Text)	(Text)
Check 2	Payee 2
(Text)	(Text)
Check 3	Payee 3
(Text)	(Text)
SAP Doc No	SAP Entered
(Text)	

Submit

Cancel