

Record Detail * (This section is required.)

Approved
MEB 10/31/25

Permit Type Building/Residential/Misc/Deck	Permit Number B25004819	Opened Date 10/29/2025
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Description of Work
SFD/ CONSTRUCT A 17' X 32' IRREGULAR SHAPED DECK (476 SQFT) W/ 4' X 4' LANDING W/ STEPS

Online BP.

[check spelling](#)

gjt 10/30/25

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 5054	Street Name GAITHERS CHANCE	Street Type DR
Unit Type --Select--	Unit #	X Coordinate -76.97851
		Y Coordinate 39.23813
City CLARKSVILLE	State MD	Zip Code 21029
		Primary 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
1105426	45	1.26	278800	1200900	922100	RURAL

Legal Description
IMPSLOT 9 1.2626 A.[]5054 GAITHERS CHANCE DR[]GAITHERS CHANCE

[check spelling](#)

Block 9	Lot 9	Census Tract 605101	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1405598955	Subdivision Name Gaither's Chance					
Section	Area	Tax Map 28					
Grid 28-9	Zoning District RR-DEO	ADC Map 4933-D2					
SDP No.	Final Plan No. ECP-14-067	WP File No.					
Record Plat No. 23698-2370	WS Contract No.	FDP No.		Primary Yes			
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 2017	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 5-02A	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
THORN

Address Line 1
5054 GAITHERS CHANCE DR

Address Line 2

Address Line 3

Mail City
CLARKSVILLE
Mail State
MD
Mail Zip Code
21029
Phone
202-957-6042
Primary
Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * Business Name
08010107347 ALLIED REMODELING CORPORATION
License Type * First Name Middle Name Last Name
MHIC Ind ✓ DEAN DEUGENIO
Primary Address Line 1
Yes ✓ 110 WEST RD STE 435
Address Line 2

City State ZIP Code
TOWSON MD 21204-0000
Phone 1 Phone 2 Fax
4109846131 4107778431
E-mail
DEAN@ALLIEDREMODELING.COM

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
60000 0 0 No ✓
Construction Type
434 - Additions, Alterations and Conversions - Residential ✓

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Project Permit #
 Yes No (Text) Yes No Yes No (Text)
Existing Use * Water Sewage Expiration Date
SFD ✓ Private ✓ Private 4/28/2026

Deck Framing Plan
Scale 1/4" = 1'

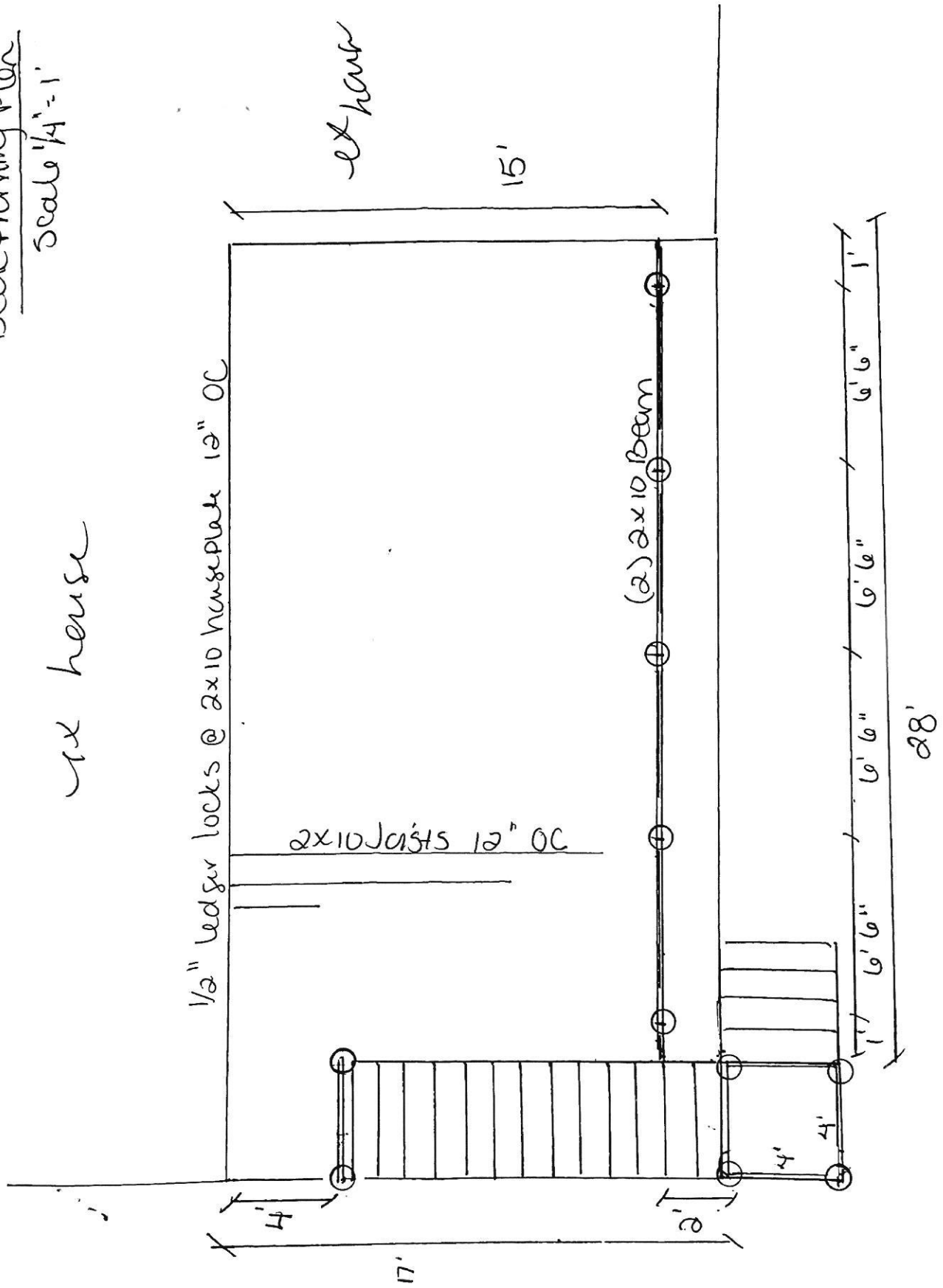
2x house

1/2" ledger locks @ 2x10 houseplate 12" OC

2x10 Joists 12" OC

(2) 2x10 beam

2x hand



CONC. FTG. DETAIL

