Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B26001429	05/04/2026

Description of Work
SFD/ CONSTRUCT 24 X 11 OPEN DECK W/ STEPS

Online BP. gs 5/7/26

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
16329	OLD FREDERICK	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.08577	39.352

City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	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
830192	205	1.12	186200	462900	276700	RURAL

Legal Description
IMPSLOT21-A 1.126 AR[ ]16329 OLD FREDERICK RD[ ]LISBON

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	21 A	604001	5				

Plan Area	State Tax Id	Subdivision Name
	1404332415	

Section	Area	Tax Map
		2

Grid	Zoning District	ADC Map
2-22	RC-DEO	4691-G4

SDP No.	Final Plan No.	WP File No.

Record Plat No.	WS Contract No.	FDP No.	Primary
			Yes

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1979	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-02	○ Yes ◉ No

Building No

Approved Septic System Plan
Howard County Health Department
DBenard 5-19-26
Signature Date

Owner * *(This section is required.)*

Search Reset Clear

Name *
EVANS
Address Line 1
16329 OLD FREDERICK RD
Address Line 2

Address Line 3

Approved as Shown

Mail City
MT AIRY
Mail State
MD
Mail Zip Code
21771
Phone
301-924-2111
Primary
Yes
E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
Business Name

License Type *
--Select--
First Name **Middle Name** **Last Name**

Primary
Yes
Address Line 1
Address Line 2
City **State** **ZIP Code**
Phone 1 **Phone 2** **Fax**
E-mail

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant
First Name **MI** **Last Name**
Angela Hahn
Relationship
Applicant
Full Name
COURTNEY THOMAS
Primary
Yes
Organization Name
T & A CONTRACTORS
Street Address
4512 SANDY SPRING ROAD
Address Line 2
City **State** **Zip Code**
BURTONSVILLE MD 20866
Phone **Cell** **Fax**
301-924-2111
E-mail *
permits@sundecksbytanda.com

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
6500 0 0 No
Construction Type
--Select--

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 Public Public 11/1/2026

Submit Cancel