

Approved 6.16.20 - H.O.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B20001778	06/11/2020
Description of Work		
SFD/INSTALL 1000 GAL UNDERGROUND PROPANE TANK		
check spelling		

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1017	HIGH STEPPER	TRL	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93906	39.34616
City	State	Zip Code	Primary
SYKESVILLE	MD	21784	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
11059597	66	0	0	0	0	RURAL
Legal Description						
check spelling						

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	4	603000	5				
Plan Area	State Tax Id		Subdivision Name				
			Walker Meadows				
Section	Area		Tax Map				
			9				
Grid	Zoning District		ADC Map				
9-6	RR-DEO		4693-K5				
SDP No.	Final Plan No.		WP File No.				
	ECP-15-078						
Record Plat No.	WS Contract No.		FDP No.		Primary		
24974-2497					Yes		
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area		Flood Plain				
	3-01		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

ISC WALKER MEADOWS LC

Address Line 1

1355 BEVERLY ROAD STE 240

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code
 Phone Primary
 E-mail
 Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * Business Name
 License Type * First Name Middle Name Last Name
 Primary 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 * First Name MI Last Name
 Relationship Full Name
 Primary Organization Name
 Street Address
 Address Line 2
 City State Zip Code
 Phone Cell Fax
 E-mail *

Addtl Info

Est Construction Cost *Housing Units * Number of Buildings *Public Owned
 Construction Type

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #
 Existing Use Number of Tanks Installed * Number of Tanks Removed *
 Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel

