

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	B20001779	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	
1009	HIGH STEPPER	TRL	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94018	39.34603
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
11059596	66	0	0	0	0	RURAL
Legal Description						
check spelling						

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	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 *
NVR INC
Address Line 1
9720 PATUXENT WOODS DRIVE
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 *

Addl 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

