



**DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER**

HO-15-0205

12535 Westland Ct. (Lot 9)

**WELL EXHIBIT
 LOT 9
 WESTLAND FARM ESTATES**

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B20001425	05/08/2020
Description of Work		
SFD/BUILD APPROX. 16' X 34' DECK W/STEPS		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12535	WESTLAND	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95181	39.14986
City	State	Zip Code	Primary
FULTON	MD	20759	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
11057436	28	3.22	251300	1085600	834300	RURAL
Legal Description						
IMPSLOT 9 3.221 A.[]12535 WESTLAND CT[]WESTLAND FARM EST PH 2						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	9	605102	5				
Plan Area	State Tax Id		Subdivision Name				
	1405599560		Westland Farm Estates				
Section	Area		Tax Map				
			45				
Grid	Zoning District		ADC Map				
45-5	RR-DEO		5051-H7				
SDP No.	Final Plan No.		WP File No.				
	ECP-15-028						
Record Plat No.	WS Contract No.		FDP No.		Primary		
23985-2398					Yes		
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input type="radio"/> No	2019		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area		Flood Plain				
	5-15A		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
OKOYE STEPHEN

Address Line 1
12535 WESTLAND CT

Address Line 2

Address Line 3

Mail City **Mail State** **Mail Zip Code**
FULTON MD 20759

Phone **Primary**
612-636-3369 Yes

E-mail

Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * **Business Name**
08010020247 PRO BUILT CONSTRUCTION

License Type * **First Name** **Middle Name** **Last Name**
MHIC Ind EDWARD PACYLOWSKI

Primary **Address Line 1**
Yes 13330 CLARKSVILLE PIKE

Address Line 2

City **State** **ZIP Code**
HIGHLAND MD 20777-9701

Phone 1 **Phone 2** **Fax**
3018540821 3018549632

E-mail
EDWARD@PROBUILTCONSTRUCTION.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * **First Name** **MI** **Last Name**
Applicant EDWARD PACYLOWSKI

Relationship **Full Name**
Applicant EDWARD PACYLOWSKI

Primary **Organization Name**
Yes PRO BUILT CONSTRUCTION

Street Address
13330 CLARKSVILLE PIKE

Address Line 2

City **State** **Zip Code**
HIGHLAND MD 20777-9701

Phone **Cell** **Fax**
3018540821 3018549632

E-mail *
EDWARD@PROBUILTCONSTRUCTION.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
25000 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 #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use *	Water	Sewage	Expiration Date	
<input type="text" value="SFD"/>	<input type="text" value="Private"/>	<input type="text" value="Private"/>	<input type="text" value="11/8/2020"/>	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Cancel