

Review not req'd 12/1/20 - H.O.

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Misc/Deck	B20004112	11/27/2020
<b>Description of Work</b>		
SFD/ CONSTRUCT A 22 X 15 OPEN WOOD DECK WITH 5 X 5 LANDING AND STEPS TO GRADE. DECKING AND RAILING WILL BE VINYL.		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
6945	CROSSFIELD	CT	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
--Select--		-76.89187	39.1823
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
CLARKSVILLE	MD	21029	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
851389	44	11999	240300	657300	417000	SOUTHE
<b>Legal Description</b>						
IMPSLOT 128 11,999 SQ [6945 CROSSFIELD CT] JVL OF CEDAR RIDGE RSB						

[check spelling](#)

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
	128	605102	4				
<b>Plan Area</b>	<b>State Tax Id</b>		<b>Subdivision Name</b>				
	1405430518						
<b>Section</b>	<b>Area</b>		<b>Tax Map</b>				
			41				
<b>Grid</b>	<b>Zoning District</b>		<b>ADC Map</b>				
41-5	R-ED		5052-H1				
<b>SDP No.</b>	<b>Final Plan No.</b>		<b>WP File No.</b>			<b>Primary</b>	
SDP-99-027						Yes	
<b>Record Plat No.</b>	<b>WS Contract No.</b>		<b>FDP No.</b>				
13499							
<b>Owner Occupied</b>	<b>Year Built</b>		<b>Historic District</b>				
<input type="radio"/> Yes <input type="radio"/> No	2003		<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Historic District Registry No.</b>	<b>Stat Area</b>		<b>Flood Plain</b>				
	5-16A		<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Building No</b>							

Owner \* (This section is required.)

Search Reset Clear

**Name \***  
 OBINECHE EJIKE H

**Address Line 1**  
 6945 CROSSFIELD CT

**Address Line 2**

**Address Line 3**

**Mail City**      **Mail State**      **Mail Zip Code**  
 CLARKSVILLE      MD      21029

**Phone**      **Primary**  
 410-531-1487      Yes

**E-mail**

**Cell Number**      **Fax Number**

**Professionals** (This section is not required.)

Search      Reset      Clear

**License # \***      **Business Name**  
 08050009615-01      LONG FENCE COMPANY INCORPORATED

**License Type \***      **First Name**      **Middle Name**      **Last Name**  
 MHIC Co      MICHAEL      J      RITTER

**Primary**      **Address Line 1**  
 Yes      1910 BETSON COURT

**Address Line 2**  
 1114 MARYLAND ROUTE 3 NORTH

**City**      **State**      **ZIP Code**  
 ODENTON      MD      21113-1124

**Phone 1**      **Phone 2**      **Fax**  
 3013502400           3013360743

**E-mail**  
 BLRITTER@LONGFENCE.COM

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

**Type \***      **First Name**      **MI**      **Last Name**  
 Applicant      STEVE           BOWERS

**Relationship**      **Full Name**  
 Applicant      STEVE BOWERS

**Primary**      **Organization Name**  
 Yes     

**Street Address**  
 7 HAYMARKET CRT

**Address Line 2**

**City**      **State**      **Zip Code**  
 BALTIMORE      MD      21236

**Phone**      **Cell**      **Fax**  
 410-227-9843      410-227-9843     

**E-mail \***  
 MRDECKSM@HOTMAIL.COM

**Addtl Info**

**Est Construction Cost \***      **Housing Units \***      **Number of Buildings \***      **Public Owned**  
 27900      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 #
<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="Public"/>	<input type="text" value="Public"/>	<input type="text" value="5/29/2021"/>	

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

From: Ejike Obineche eobineche@outlook.com  
Subject: Site Plan  
Date: November 14, 2020 at 11:45 AM  
To: hedgeleigh@comcast.net



6945 CROSSFIELD CRT  
CLARKSVILLE MD 21029

1" = 30'

