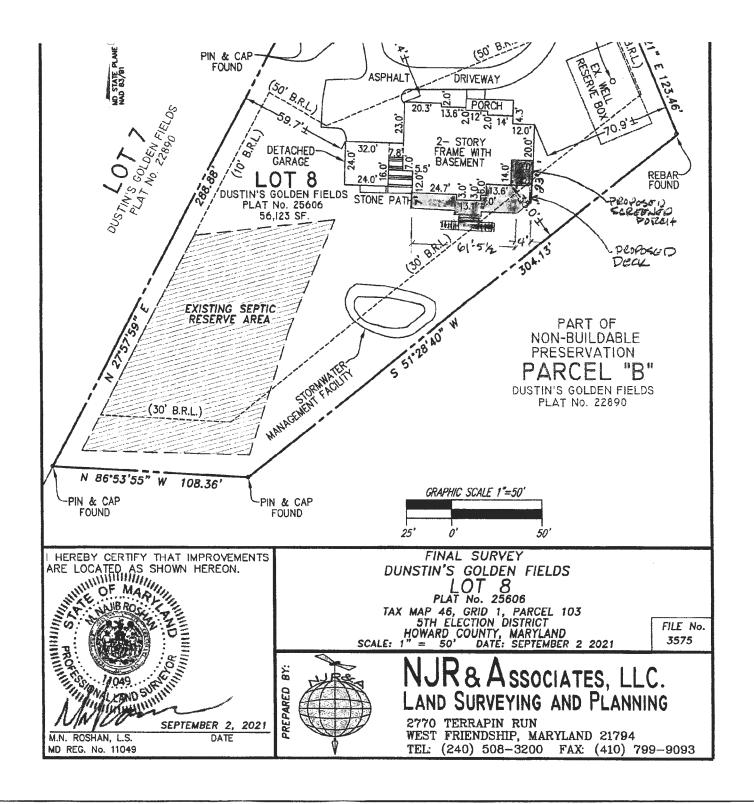
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Phone 301-467-6298 E-mail Cell Number

Fax Number

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	11919 QUEEN STREE	Т				
	Address Line 2					
	City		State	ZIP Code		
	FULTON Phone 1	Dhone 1	MD	20759-0000		
	3014018091	Phone 2	Pax			
	E-mail					
	NICKT.THOMEPRO@	YAHOO.COM				
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	LARRY	1911	THOMPSON			
Relationship	Full Name		J			
	LARRY THOMPSON					
Primary	Organization Name					
Yes ~	T & T HOME PROFES	SSIONALS INC				
	Street Address					
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	Address Line 2					
	Cit		64-4-	7th Cod:		
	FULTON		State MD	Zip Code 20759-0000		
	Phone	Cell	Fax	20739-0000		
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	E-mail *				***************************************	
	NICKT.THOMEPRO@	YAHOO.COM				
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Submit Cancel



Approved 321004197 RIK 11/5/2021 Cancel Help

Record Detail ' (This section is required.)

Permit Type Building/Residential/Misc/Pool Spa Permit Number Opened Date

B24000131 01/13/2024 -

Description of Work

SFD/INSTALL A 41'X20' IN GROUND POOL, DEPTH 3 1/2' TO 7', FILLED BY TRUCK, FENCE TO CODE, (PREVIOUSLY APPROVED IN 2021, B21003621)

check spelling

Search

Address ' (This section is required.)

Clear Get Parcel & Owner

Street # Street Name Street Type 8021 KAYLADINE LN **Unit Type** Unit# X Coordinate Y Coordinate -Select--76.92794 39.14905 City State Zip Code Primary **FULTON** MD 20759 Yes

Parcel • (This section is required.)

Clear Get Address & Owner Search Reset

GIS ID . Parcel Parcel Area Land Value Improved Value Exemption Value Plan Area RURAL 1102703 103 1,29 252800 1119100 866300

Legal Description

IMPSLOT 8 1.288 A.[]8021 KAYLADINE LN[]DUSTINS GOLDEN FIELDS

check spelling

Block Lot Census Tract **Council Dist** Inspection Dist Supervisor Dist Map# **DAP Zone** 8 605102

Plan Area State Tax Id **Subdivision Name**

1405596597 Dustin's Golden Fields

Section Tax Map Area 46

Zoning District

ADC Map Grid 46-1 RR-DEO 5052-B7

SDP No. Final Plan No. WP File No. F-07-100

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

22888-2289

Owner Occupied Historic District Year Built O Yes

No 2021 O Yes

No Historic District Registry No. Stat Area Flood Plain 5-17A Oyes

No

Building No

Owner * (This section is required.)

Clear Search Reset

Name ' MARCHICA BRIAN P

Address Line 1

11381 BISHOPS GATE LANE

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code LAUREL MD **∨** 20723

Phone Primary 301-467-6298 Yes

E-mail

Cell Number Fax Number Mese 429/24

Online BP, Eile attacket.
38 1123124

License # ' **Business Name** 08010045494 SUNRISE PREMIERE POOL BUILDERS LLC Last Name First Name Middle Name License Type ' SEYFFERTH MHIC Ind ✓ DONALD Address Line 1 Primary Yes 1517 RITCHIE HWY, SUITE 103 Address Line 2 1517 RITCHIE HWY, SUITE 103 ZIP Code State City 21012-0000 MD ARNOLD Fax Phone 1 Phone 2 4103493668 4103493852 E-mail SUNRISEPOOLS33@AOL.COM Applicant (This section is not required.) As Owner As Lic. Prof As Contact Search Type * First Name MI Last Name ROWLEY KAREN Н Applicant Relationship **Full Name** Agent for Applicant KAREN H ROWLEY Primary Organization Name KH & K Yes Street Address 293 SOUTHLAND COURT Address Line 2 City Zip Code DUNKIRK MD 20754 Phone Cell Fax 410-507-7705 E-mail · KHKPERMITS05@YAHOO.COM Addtl Info Est Construction Cost * **Housing Units** Number of Buildings Public Owned Nο Construction Type --Select--POOL INFORMATION MISCELLANEOUS POOL INFORMATION_ Capital Project-No Fee Capital Project Number Fee Exempt Water Supply Sewage Disposal O Yes

No O Yes

No Private Private **Expiration Date** Electrical Permit Number **Existing Use** Type of Pool or Spa Pool Safety Device ♥ E24000221 SFD ✓ In Ground Pool Fence 7/15/2024 Related Records Showing 1-2 of 2 Permit Number Record Type Alias Status | <u>Number</u> Street Name Opened Date Description B24000131 Residential Pool or Spa Permit KAYLADINE 01/13/2024 SFD/INSTALL A 41'X20' IN GROUND POOL, DEPTH 3 1/2' Review In Process 8021 E24000221 Residential Electrical Miscellaneous KAYLADINE 01/13/2024 POOL WIRING, POOL AND PATIO BONDING Application Acceptance 8021

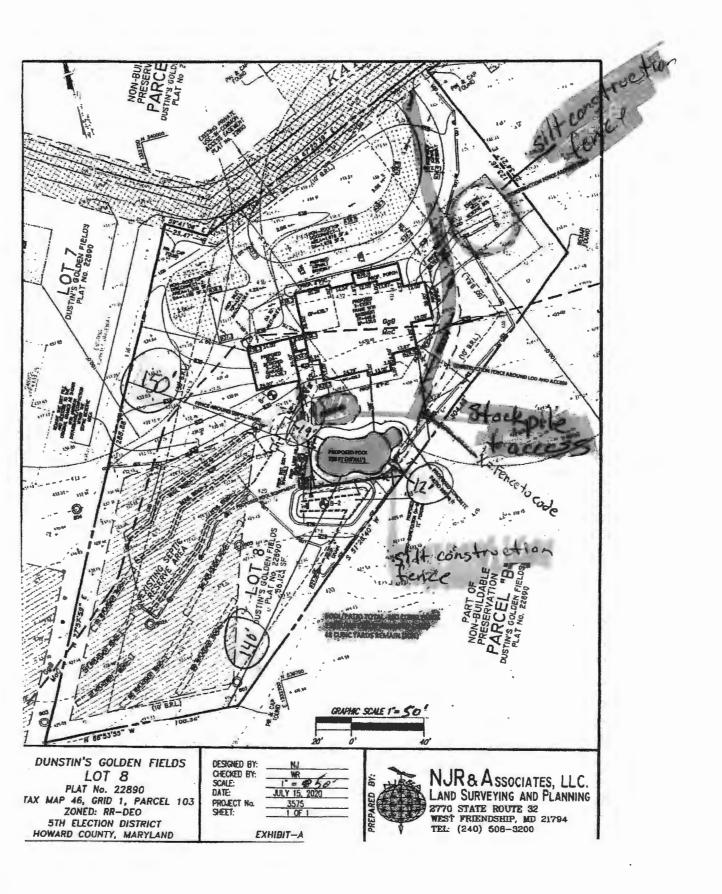
Submit Cancel

Page 1

Permit

of 1

Pending



NOT TO SCALE 1 350'	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 3 4 8 NUMBER OF TRENCHES 3 TOTAL LENGTH 2 5 5 ABSORPTION AREA 4835 + 1' 5 1 DISTRIBUTION BOX LEVEL 37000 DISTRIBUTION BOX BAFFLE 485 DISTRIBUTION BOX PORT 485 SEPTIC TANK DATA SEPTIC TANK DATA SEPTIC TANK 1 LEVEL 485
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INSTALLATION: OG 17/7021 SHC AND TANK INSTALLE COLNER OF TANK IS 17' TO FOUNDATION OF GAR 06/21/2021 TRENCHES COMPLETE D BOX LEVELED	PEL APPROVED PLAN.

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NOT TO SCALE 13.50'	TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM 3 4 8 NUMBER OF TRENCHES 3 TOTAL LENGTH 26 F ABSORPTION AREA 283 5 + 1' STORE DISTRIBUTION BOX LEVEL 37550 DISTRIBUTION BOX BAFFLE 485 DISTRIBUTION BOX PORT 485
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FINAL INSPECTOR DATE OF	APPROVAL Objectors