

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B23002390	06/26/2023

Description of Work
 SFD/ Alterations to existing kitchen & dining room to include- remove the wall separating the kitchen & dining room (96 inches- 48 sq. ft.). Remove the rear walkout door from the breakfast area & move the door opening (30 inches- 15 sq. ft.) to the right for new location. Remove single double hung window (15 sq. ft.) from the dining room & expand window opening (31 sq. ft.) for new double (side by side) window to be installed. Remove & replace drywall as NEEDED up to 6-10 sheets**SMOKE DETECTORS REQUIRED

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6706	WHITEGATE	RD
Unit Type	Unit #	X Coordinate
--Select--		-76.91056
		Y Coordinate
		39.18697
City	State	Zip Code
CLARKSVILLE	MD	21029
		Primary
		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
853025	195	1.29	252900	0	322800	RURAL
Legal Description						
IMPVLOT 31 1.295 A[]6706 WHITEGATE RD[]CLARKSVILLE RIDGE S 2						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	31	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405397707						
Section	Area	Tax Map					
		35					
Grid	Zoning District	ADC Map					
35-21	RR-DEO	5052-E1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1985	<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 not required.)

Search Reset Clear

Name *
 CASSANDRA OKECHUKWU

Address Line 1
 6706 WHITEGATE RD

Address Line 2

Address Line 3

Mail City
 CLARKSVILLE

Mail State
 MD

Mail Zip Code
 21029

Phone
 703-946-5897

Primary
 Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # *
 08050023479
License Type *
 MHIC Co
Primary
 Yes

Business Name
 BROTHERS SERVICES COMPANY
First Name **Middle Name** **Last Name**
 ✓ JOHN THOMAS MARTINDALE

Address Line 1
 ✓ 111 HANOVER PIKE
Address Line 2

City **State** **ZIP Code**
 HAMPSTEAD MD 21074
Phone 1 **Phone 2** **Fax**
 4103567663 4102396275
E-mail
 JOHN@BROTHERSSERVICES.COM

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type * **First Name** **MI** **Last Name**
 Applicant ✓ JOHN MARTINDALE
Relationship
 Applicant ✓ **Full Name**
 JOHN MARTINDALE
Primary
 No ✓ **Organization Name**
 BROTHERS SERVICES COMPANY
Street Address
 111 HANOVER PIKE
Address Line 2

City **State** **Zip Code**
 HAMPSTEAD MD 21074-0000
Phone **Cell** **Fax**
 4103567663 4102396275
E-mail *
 JOHN@BROTHERSSERVICES.COM

Contact (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type **First Name** **MI** **Last Name**
 Contact ✓ JOHN MARTINDALE
Relationship
 Licensed Profession: ✓ **Full Name**
 JOHN MARTINDALE
Primary
 Yes ✓ **Organization Name**
 BROTHERS SERVICES COMPANY
Street Address
 111 HANOVER PIKE
Address Line 2

City **State** **Zip Code**
 HAMPSTEAD MD 21074-0000
Phone **Cell** **Fax**
 4103567663 4102396275
E-mail
 JOHN@BROTHERSSERVICES.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
 750 0 0 No ✓
Construction Type
 --Select-- ✓

Execute Expression "Run expression exception, please contact agency administrator." error:

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage * **No of Stories *** **Basement** **Bedrooms** **Full Baths** **Half Baths** **Water *** **Sewage ***
 94 SQFT 2 --Select-- ✓ Private ✓ Private ✓
Existing Utilities * **Existing Heating System *** **Existing Sprinkler System *** **Type of New Fireplace** **Expiration Date** **Fee Exempt ***

Electric

Electric

None

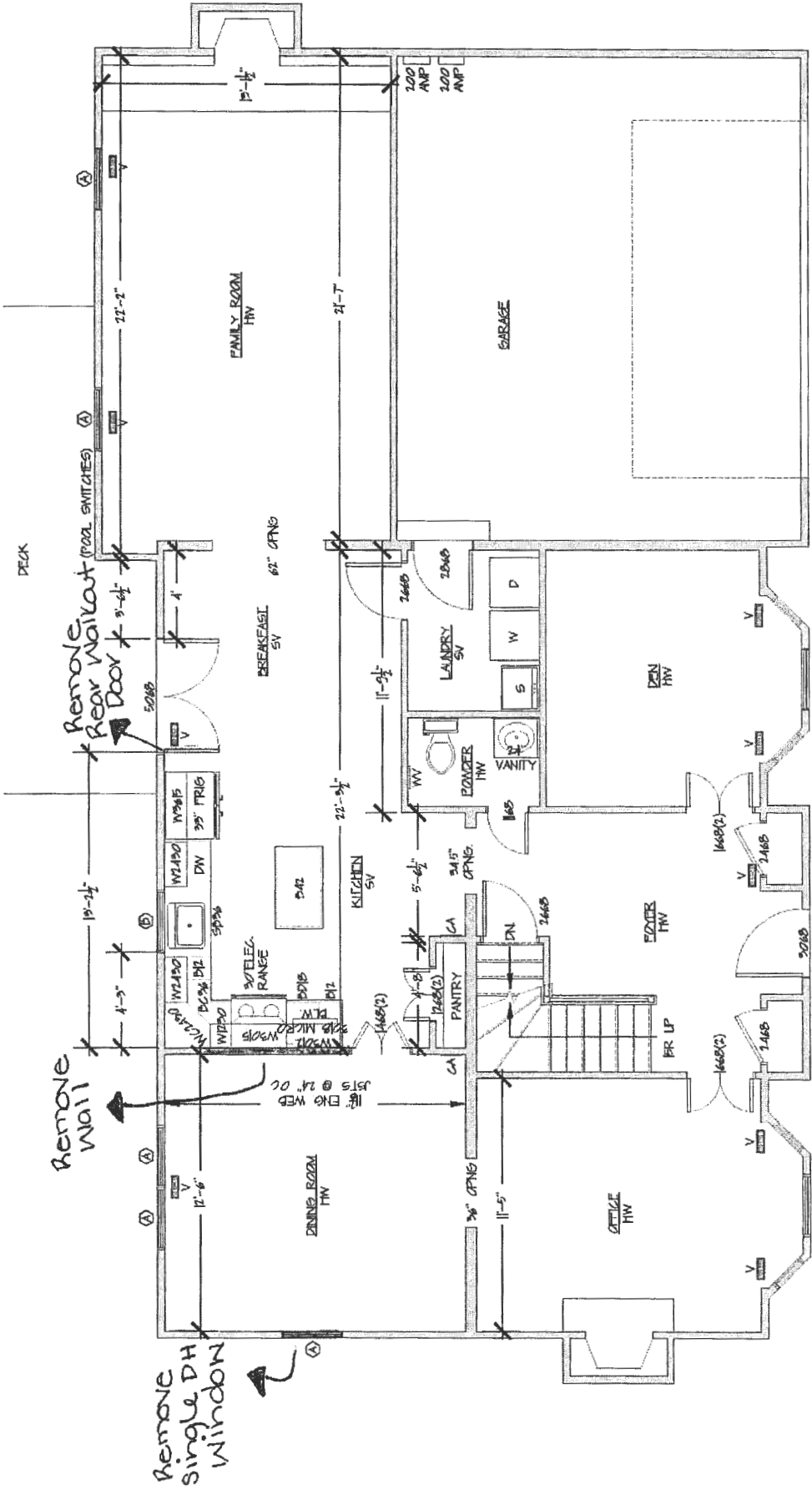
--Select--

1/1/2024

Yes No

Submit

Cancel



EXISTING 1ST FLOOR PLAN
 1/4" = 1'-0"

