Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type | **Permit Number** | **Opened Date**
Building/Residential/Misc/Deck | B26000084 | 01/09/2026

Description of Work
SFD/ CONSTRUCT NEW IRREGULAR SHAPED 29' X 13' DECK WITH STEPS AND LANDING WITH 11' X 12' PERGOLA ATTACHED TO THE SIDE

Online BP.
gd 1/12/26

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street # 15274
Street Name CALLAWAY
Street Type CT
Unit Type --Select--
Unit #
X Coordinate -77.04322
Y Coordinate 39.27694
City GLENWOOD
State MD
Zip Code 21738
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
916967	228	0	180200	810500	630300	RURAL

Legal Description
IMPS.218 A[ ]15276 CALLAWAY CT[ ]VILLAS CATTAIL CREEK CON

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PH 2	605601	5				

Plan Area
State Tax Id 1404368282
Subdivision Name THE VILLAS AT CATTAIL CRE
Section
Area
Tax Map 21
Grid 21-2
Zoning District RC-DEO
ADC Map 4812-D6
SDP No. SDP-01-115
Final Plan No.
WP File No.
Record Plat No. 16849
WS Contract No.
FDP No.
Primary Yes
Owner Occupied ○ Yes ○ No
Year Built 2004
Historic District ○ Yes ◉ No
Historic District Registry No.
Stat Area 4-08
Flood Plain ○ Yes ◉ No
Building No

Approved Septic System Plan
Howard County Health Department
DBernard 1-23-26
Signature Date

Owner * *(This section is required.)*

Search Reset Clear

Name *
Andrew
Address Line 1
16653 Toscana Circle 706
Address Line 2
Address Line 3

Mail City
Naples
Mail State
FL
Mail Zip Code
34110
Phone
301-030-2834
Primary
Yes
E-mail
Melhfwilson@gmail.com
Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
08050131069
License Type *
MHIC Co
Primary
Yes
Business Name
ABSOLUTE LANDSCAPE & TURF SERVICES
First Name **Middle Name** **Last Name**
MATTHEW SABINE
Address Line 1
4781 TEN OAKS RD.
Address Line 2
City **State** **ZIP Code**
DAYTON MD 21036-0000
Phone 1 **Phone 2** **Fax**
4109844200
E-mail
MATT@ABSOLUTESCAPES.COM

Applicant *(This section is not required.)*

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

Type *
Applicant
Relationship
Applicant
Primary
Yes
First Name **MI** **Last Name**
Adam C Helmick
Full Name
Adam C Helmick
Organization Name
Absolute Landscape and Turf
Street Address
4718 Ten Oaks Road
Address Line 2
City **State** **Zip Code**
Dayton MD 21036
Phone **Cell** **Fax**
410-489-0655 443-878-6847
E-mail *
ahelmick@absolutescapes.com

Addtl Info

Est Construction Cost * **Housing Units** * **Number of Buildings** * **Public Owned**
30000 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 #**
○ Yes ◉ No (Text) ○ Yes ◉ No ○ Yes ◉ No (Text)
Existing Use * **Water** **Sewage** **Expiration Date**
SFD Private Private 7/11/2026

Submit Cancel