Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B26001648	05/18/2026

Description of Work

SFD/ Remodeling an old victorian house. Converting a room into bathroom, remodeling an existing bathroom.
Remodeling kitchen. Adding HVAC system.
Renovating wrap around deck. Fixing broken studs and damaged floors

Online BP.
gl 5/27/26

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
14581	MACCLINTOCK	DR

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.0281	39.27779

City	State	Zip Code	Primary
GLENWOOD	MD	21738	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
897375	125	2	306200	639300	333100	RURAL

Legal Description
IMPS2 ACRES[ ]14581 MACCLINTOCK DR[ ]GLENWOOD

check spelling

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

Plan Area	State Tax Id	Subdivision Name
	1404321642	

Section	Area	Tax Map
		21

Grid	Zoning District	ADC Map
21-4	RR-DEO	4812-F6

SDP No.	Final Plan No.	WP File No.

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

Owner Occupied	Year Built	Historic District
○ Yes ◉ No	1907	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-09	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search Reset Clear

Name *
Rob Ne
Address Line 1
14581 Macclintock Dr
Address Line 2
PO BOX 482
Address Line 3

Mail City
WOODBINE
Mail State
MD
Mail Zip Code
21794
Phone
301-252-6652
Primary
Yes
E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # * **Business Name**

License Type * **First Name** **Middle Name** **Last Name**
--Select--

Primary **Address Line 1**
Yes

Address Line 2

City **State** **ZIP Code**

Phone 1 **Phone 2** **Fax**

E-mail

Applicant *(This section is not required.)*

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

Type * **First Name** **MI** **Last Name**
Applicant Kris Palakodety

Relationship **Full Name**
Applicant Kris Palakodety

Primary **Organization Name**
No

Street Address
3630 Font Hill Dr

Address Line 2

City **State** **Zip Code**
Ellicott city MD 21042

Phone **Cell** **Fax**
410-294-7855

E-mail *
Kris.palakodety@hotmail.com

Contact *(This section is not required.)*

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

Type **First Name** **MI** **Last Name**
Contact Kris Palakodety

Relationship **Full Name**
Applicant Kris Palakodety

Primary **Organization Name**
Yes

Street Address
3630 Font Hill Dr

Address Line 2

City **State** **Zip Code**
Ellicott city MD 21042

Phone **Cell** **Fax**
410-294-7855

E-mail
Kris.palakodety@hotmail.com

Addtl Info

Est Construction Cost * **Housing Units** * **Number of Buildings** * **Public Owned**
150000 0 0 No

Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
400 SQFT (Number)	3 (Number)	Unfinished	0	1 (Number)	(Number)	Private (Number)	Private

Existing Utilities *	Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date
Electric	Electric	None	--Select--	11/22/2026

Submit Cancel