Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25002266	06/10/2025

Description of Work

SFD/ REMOVING WINDOW TO CONVERT TO DOOR TO LEAD OUT TO NEW 12' X 10' DECK WITH STEPS**SUBJECT TO FIELD INSPECTION**

Online BP.
gs 7/7/25

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name		Street Type
16419	CAMALO		DR
Unit Type	**Unit #**	**X Coordinate**	**Y Coordinate**
–Select–		-77.07461	39.36115
City		**State**	**Zip Code**	**Primary**
MOUNT AIRY		MD	21771	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
830143	29	31.36	283100	891900	608800	RURAL

Legal Description

IMPS31.3609 A[ ]16415 CAMALO DR[ ]CONLEY PROPERTY

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				

Plan Area	State Tax Id	Subdivision Name
	1404318137	Conley Property
Section	**Area**	**Tax Map**
		2
Grid	**Zoning District**	**ADC Map**
2-17	RC-DEO	4691-J3
SDP No.	**Final Plan No.**	**WP File No.**
	RE-01-003S	
Record Plat No.	**WS Contract No.**	**FDP No.**	**Primary**
15109			Yes
Owner Occupied	**Year Built**	**Historic District**
○ Yes ○ No	1986	○ Yes ◉ No
Historic District Registry No.	**Stat Area**	**Flood Plain**
	4-02	◉ Yes ○ No
Building No		

Owner *(This section is not required.)*

Search Reset Clear

Name *
CONLE
Address Line 1
16415 CAMALO DRIVE
Address Line 2

Address Line 3

Mail City
MOUNT AIRY
Mail State
MD
Mail Zip Code
21771
Phone
301-922-8101
Primary
Yes
E-mail

Septic System Plan
County Health Department
DBernard 7-16-25
Date

Cell Numb **Fax Number**

Professionals *(This section is not required.)*

License # 08010092245
License Type MHIC Ind
Primary Yes
Business Name MAST CONSTRUCTION
First Name DOUGLAS
Middle Name
Last Name MAST
Address Line 1 1045 LONG CORNER RD
Address Line 2
City MT AIRY
State MD
ZIP Code 21771-0000
Phone 1 2404050763
Phone 2
Fax 8884347805
E-mail D.MAST@MASTCONSTRUCTIONLLC.COM

Applicant *(This section is not required.)*

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

Type Applicant
Relationship Applicant
Primary No
First Name Ashleigh
MI
Last Name Konczal
Full Name Ashleigh Konczal
Organization Name Mast Construction LLC
Street Address 16036 Frederick Rd
Address Line 2
City Lisbon
State MD
Zip Code 21797
Phone 240-732-3775
Cell
Fax
E-mail a.konczal@mastconstructionllc.com

Contact *(This section is not required.)*

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

Type Contact
Relationship Applicant
Primary Yes
First Name Ashleigh
MI
Last Name Konczal
Full Name Ashleigh Konczal
Organization Name Mast Construction LLC
Street Address 16036 Frederick Rd
Address Line 2
City Lisbon
State MD
Zip Code 21797
Phone 240-732-3775
Cell
Fax
E-mail a.konczal@mastconstructionllc.com

Addtl Info

Est Construction Cost 22144
Housing Units 0
Number of Buildings 0
Public Owned 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
120 SQFT (Number)	2 (Number)	--Select--	(Number)	(Number)	(Number)	Private	Private

Existing Utilities	Existing Heating System	Existing Sprinkler System	Type of New Fireplace	Expiration Date
Gas	Electric	None	--Select--	1/3/2026

Submit Cancel