

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Permit Number Opened Date
Building/Residential/Misc/Pool Spa B25005394 12/08/2025
Description of Work
SFD/ Install 16 X 32 INGROUND NON DIVING POOL, 3'-6" DEEP, FENCE TO CODE/*AMENDMENT
SUBMITTED 2.26.2026 TO CHNAGE SIZE OF POOL TO 20' X 40" SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # Street Name Street Type
12813 AMBERWOODS WAY
Unit Type Unit # X Coordinate Y Coordinate
--Select-- -76.95834 39.339
City State Zip Code Primary
SYKESVILLE MD 21784 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
831793 333 3.24 293000 1106500 813500 RURAL
Legal Description
IMPSLOT 3 3.2460 A[]12813 AMBERWOODS WAY[]AMBERWOODS SEC 1

[check spelling](#)

Block Lot Census Tract Council Dist Inspection Dist Supervisor Dist Map # DAP Zone
3 603000 5
Plan Area State Tax Id Subdivision Name
1403314723 Amberwoods
Section Area Tax Map
9
Grid Zoning District ADC Map
9-10 RC-DEO 4693-G6
SDP No. Final Plan No. WP File No.
Record Plat No. WS Contract No. FDP No. Primary
9701 Yes
Owner Occupied Year Built Historic District
☐ Yes ☐ No 1990 ☐ Yes ☒ No
Historic District Registry No. Stat Area Flood Plain
3-01 ☐ Yes ☒ No
Building No

Owner * (This section is required.)

Search Reset Clear
Name *
WU DE
Address Line 1
12813 AMBERWOODS WAY
Address Line 2
Address Line 3
Mail City
SYKESVILLE
Mail State
MD
Mail Zip Code
21784
Phone
202-531-1280
Primary
Yes
E-mail

Revision
Approved R/K
3/3/2026

Cell Number

Fax Number

Professionals (This section is not required.)

License # * 08010025218
License Type * MHIC Ind
Primary Yes
Business Name DORITE CONSTRUCTION CORPORATION INC
First Name LOUIS Middle Name LOIZOU Last Name LOIZOU
Address Line 1 1747 ARCHERS GLEN
Address Line 2
City SYKESVILLE State MD ZIP Code 21784-0000
Phone 1 4432667348 Phone 2 Fax 4104896644
E-mail LLOIZOU@VERIZON.NET

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
Relationship --Select--
Primary Yes
First Name Louis MI Last Name Loizou
Full Name Louis Loizou
Organization Name Dorite Construction Inc.
Street Address 1747 Archers Glen
Address Line 2
City Sykesville State MD Zip Code 21784
Phone 410-960-2555 Cell Fax
E-mail louis@doriteconstruction.net

Addtl Info

Est Construction Cost * 63800
Construction Type --Select--
Housing Units * 0
Number of Buildings * 0
Public Owned No

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee * ☐ Yes ☒ No
Capital Project Number (Text)
Fee Exempt * ☐ Yes ☒ No
Water Supply * Private Sewage Disposal * Private
Existing Use * SFD
Type of Pool or Spa * In Ground Pool
Pool Safety Device * Fence
Electrical Permit Number E26000305
Expiration Date (Text) 8/25/2026

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B25005394	Residential Pool or Spa Permit	Review In Process	12813	AMBERWOODS	12/08/2025	SFD/ Install 16 X 32 INGROUND NON DIVING POOL, :
E26000305	Residential Electrical Miscellaneous Permit	Issued	12813	AMBERWOODS	01/22/2026	Work done for new pool. Permit# B25005394 New elect

Page 1 of 1

Submit Cancel

Name of Requestor: _____
Street Address: _____
City, State, Zip: _____
Date: _____

Amendment, Permit # B25005394

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED

FEB 26 2026
LICENSES & PERMITS
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B25005394 at

_____ to
(Site Address)
Amend pool size to 20' x 40'

Enclosed:

☒ Fee: \$50
☒ Plot Plans
____ Sets of Construction Drawings
____ Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,

Name: Louis Loizou
Title: President
Phone and/or Email: 410 960 2555 louis@donatecourthouse.net

Amendment Letter

