

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B26000466 Opened Date 02/17/2026

Description of Work

SFD/ INTERIOR ALTERATIONS TO INCLUDE: THIRD FLOOR BATHROOM REMODEL, all existing walls, ceiling and floor will be removed. Custom built shower, double vanity, toilet and radiator will be reinstalled.**SUBJECT TO FIELD INSPECTION, APPROVAL FOR BATHROOM ONLY**

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 5038 Street Name TEN OAKS Street Type RD
Unit Type --Select-- Unit # X Coordinate -76.97909 Y Coordinate 39.23176
City CLARKSVILLE State MD Zip Code 21029 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 882755 Parcel 139 Parcel Area 5 Land Value 311200 Improved Value 490700 Exemption Value 179500 Plan Area RURAL

Legal Description

IMPS5 ACRE[]5038 TEN OAKS RD[]

[check spelling](#)

Block Lot Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1405365325 Subdivision Name
Section Area Tax Map 28
Grid Zoning District RR-DEO ADC Map 4933-D3
SDP No. Final Plan No. WP File No.
Record Plat No. WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 1899 Historic District
Historic District Registry No. Stat Area 5-04A Flood Plain
Building No

Owner (This section is not required.)

Search Reset Clear

Name * MAGAI
Address Line 1 5038 TEN OAKS RD
Address Line 2

Address Line 3

Mail City CLARKSVILLE
Mail State MD
Mail Zip Code 21029
Phone 443-864-7798
Primary Yes
E-mail

Approved 3/3/2026
R/E

Online BP.
gB 2/24/26

alan.paul.magan@gmail.com

Cell Number

Fax Number

Professionals (This section is not required.)

License # *
163123

License Type *
MHIC Ind

Primary
Yes

Business Name
JOY PLAYGROUNDS LLC

First Name
▼ MARCUS

Middle Name

Last Name
HURT

Address Line 1
▼ 9321 ROCK RIPPLE LN

Address Line 2

City
LAUREL

State
MD

ZIP Code
20723

Phone 1
4109259500

Phone 2

Fax

E-mail
MARCUSHURT@GMAIL.COM

Applicant (This section is not required.)

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

Type *
Applicant

Relationship
Applicant

Primary
No

First Name
▼ MARCUS

MI

Last Name
HURT

Full Name
▼

Organization Name
JOY PLAYGROUNDS LLC

Street Address
9321 ROCK RIPPLE LN

Address Line 2

City
LAUREL

State
MD

Zip Code
20723

Phone
4109259500

Cell

Fax

E-mail *
MARCUSHURT@GMAIL.COM

Contact (This section is not required.)

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

Type
Contact

Relationship
Applicant

Primary
Yes

First Name
▼ Alan

MI

Last Name
Magan

Full Name
▼ MAGAN ALAN P

Organization Name
MAGAN ALAN P

Street Address
5038 TEN OAKS RD

Address Line 2

City
CLARKSVILLE

State
MD

Zip Code
▼ 21029

Phone
443-864-7798

Cell

Fax

E-mail
alan.paul.magan@gmail.com

Addtl Info

Est Construction Cost *
50000

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 *
70	SQFT (Number) 1	(Number) --Select--	▼ 0	(Number) 1	(Number) 0	(Number) Private	▼ Private

Existing Utilities *
Electric ▼

Existing Heating System *
Electric ▼

Existing Sprinkler System *
None ▼

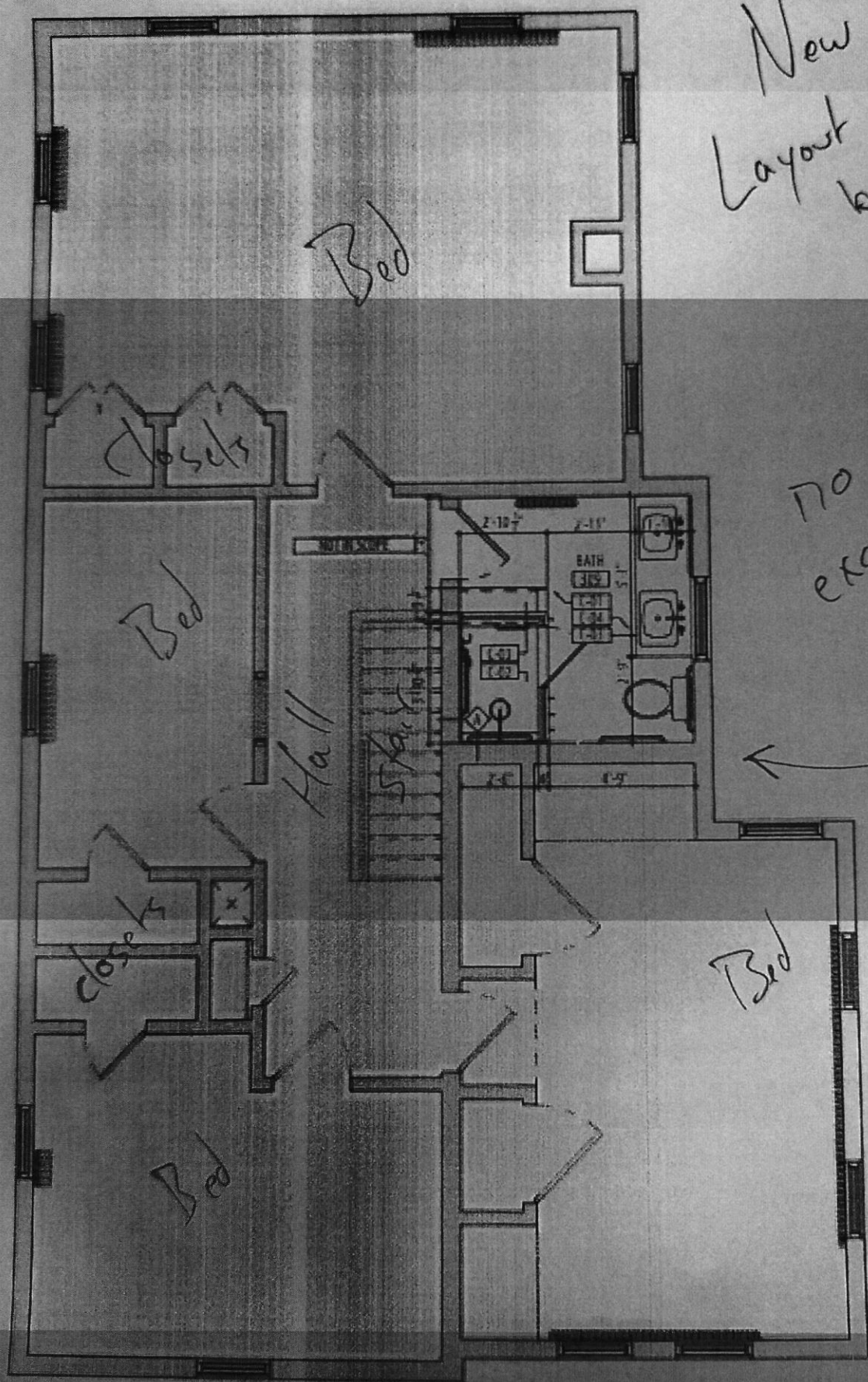
Type of New Fireplace
--Select-- ▼

Expiration Date
8/19/2026 

Submit Cancel

New
Layout of
bathroom

No changes
except to this
bathroom



2/20/26

Old

Layout of
existing
bathroom

3rd
Floor

Bathroom

5038 Ten
Oaks
Rd

