

Approved 8/25/20-H.O.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B20002728	08/19/2020
Description of Work		
SFD/493 SQFT IRREGULAR SHAPED DECK, 16 X 21 W/ 13 X 12 DECK W/ STEPS AND LANDING TO GRADE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12126	HAYLAND FARM	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94493	39.23845
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	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
1101211	49	33000	333600	1019200	685600	RURAL

Legal Description

IMPSLOT 27 33,000 SQ[]12126 HAYLAND FARM WAY[]WALNUT CREEK PHASE 2

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	27	605101	5				

Plan Area	State Tax Id	Subdivision Name	
	1405595168	Walnut Creek	
Section	Area	Tax Map	
		28	
Grid	Zoning District	ADC Map	
28-12	RC-DEO	4933-J2	
SDP No.	Final Plan No.	WP File No.	
	F-07-076		
Record Plat No.	WS Contract No.	FDP No.	Primary
22227-2224			Yes
Owner Occupied	Year Built	Historic District	
<input type="radio"/> Yes <input type="radio"/> No	2015	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Historic District Registry No.	Stat Area	Flood Plain	
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Building No			

Owner * (This section is required.)

Search Reset Clear

Name *
 CHAKRABARTY PRABIR

Address Line 1
 12126 HAYLAND FARM WAY

Address Line 2

Address Line 3

Mail City **Mail State** **Mail Zip Code**
 ELLICOTT CITY MD 21042

Phone **Primary**
 410-549-5050 Yes

E-mail

Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * **Business Name**
 08010083116 CLASSIC DESIGN GROUP INC

License Type * **First Name** **Middle Name** **Last Name**
 MHIC Ind LUIS J BALDERRAMA

Primary **Address Line 1**
 Yes 5433 WOODBINE ROAD

Address Line 2

City **State** **ZIP Code**
 WOODBINE MD 21797-0000

Phone 1 **Phone 2** **Fax**
 8007234230 4105495449

E-mail
 LUISBALMEN@HOTMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * **First Name** **MI** **Last Name**
 Applicant PETER SORGE

Relationship **Full Name**
 Applicant PETER SORGE

Primary **Organization Name**
 Yes CLASSIC DESIGN GROUP INC

Street Address
 5433 WOODBINE RD

Address Line 2

City **State** **Zip Code**
 WOODBINE MD 21797

Phone **Cell** **Fax**
 410-549-5050 240-375-4658 410-549-5449

E-mail *
 PSORGE28@GMAIL.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
 43000 0 0 No

Construction Type

--Select--

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

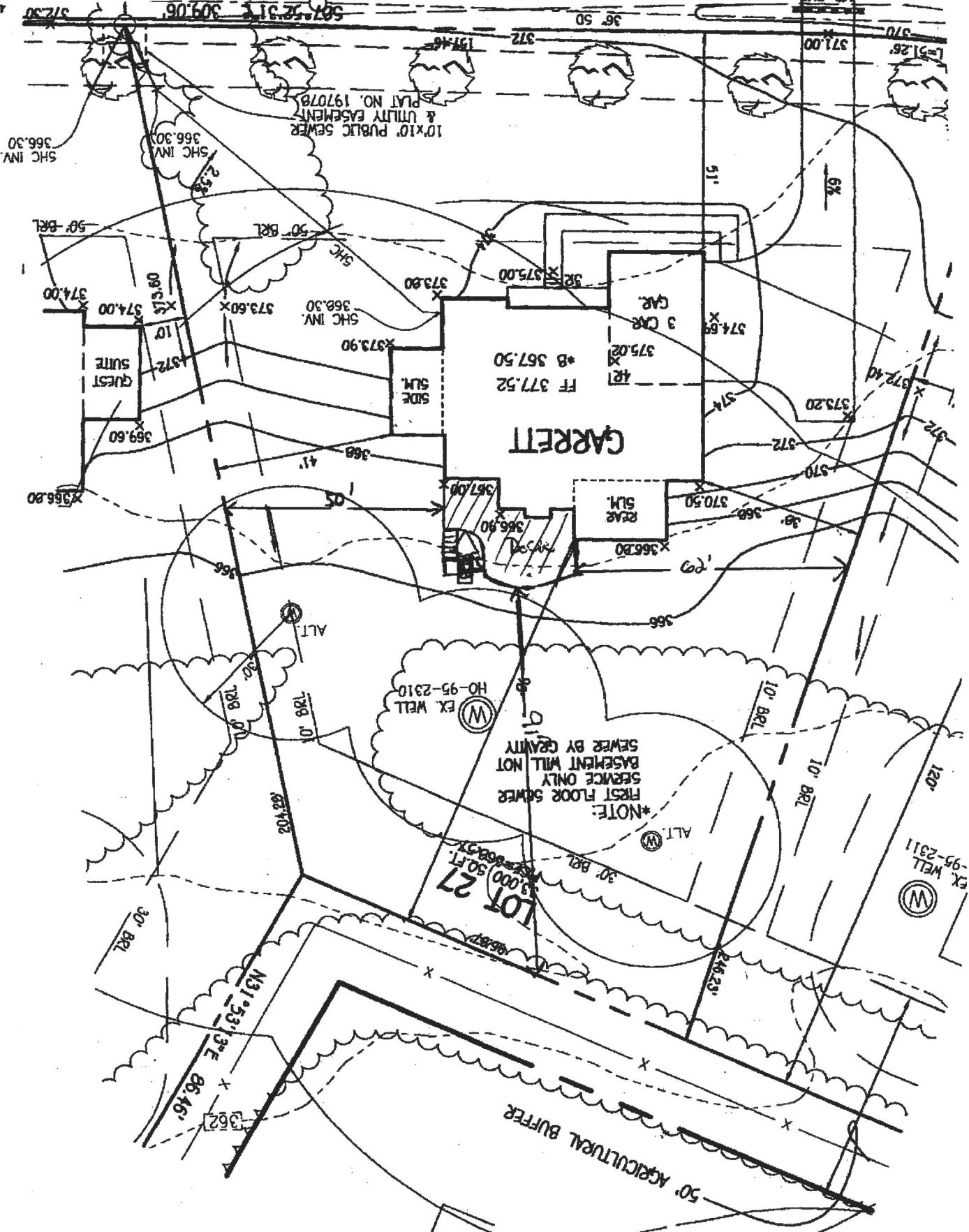
Capital Project-No Fee * Yes No Capital Project Number [] Fee Exempt * Yes No Roadside Tree Project Permit * Yes No Roadside Tree Project Permit # []

Existing Use * [SFD] Water [Private] Sewage [Private] Expiration Date [2/17/2021]

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
[]	[]	[]	[]	[]	[]

Submit Cancel



507.52.31 309.06

SHC INV. 366.30

SHC INV. 366.30

10'x10' PUBLIC SEWER & UTILITY EASEMENT PLAT NO. 197078

GUEST SUITE

GARRETT

FRONT

REAR

EX. WELL HO-95-2310

NOTE: FIRST FLOOR SEWER SERVICE ONLY BASEMENT WILL NOT SEWER BY GRAVITY

LOT 27

EX. WELL HO-95-2311

50' AGRICULTURAL BUFFER

1" = 30'
Dhyria

360