

Approved R/E
6/25/2020

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B20001945	06/23/2020
Description of Work		
SFD/ CONSTRUCT 495 SQFT DECK WITH 10FTx10FT OPEN GAZEBO STEPS TO GRADE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5019	CRAPE MYRTLE	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94518	39.23656
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
1105375	49	41159	341700	1151600	809900	RURAL
Legal Description						
IMPSLOT 139, 41,159 SQ[]5019 CRAPE MYRTLE CT[]WALNUT CREEK PHASE 4						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	139	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405598892	Walnut Creek					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-12	RC-DEO	4933-J3					
SDP No.	Final Plan No.	WP File No.					
	F-07-076						
Record Plat No.	WS Contract No.	FDP No.	Primary				
23611-2362			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2018	<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 *
 KANJWAL MOHAMMED

Address Line 1
 5019 CRAPE MYRTLE CT

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code
 ELLICOTT CITY MD 20901

Phone Primary
 410-549-5050 Yes

E-mail
 psorge3@earthlink.net

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
 --Select-- 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
42000	0	0	No
Construction Type			
--Select--			

PORCH INFORMATION

PORCH INFORMATION

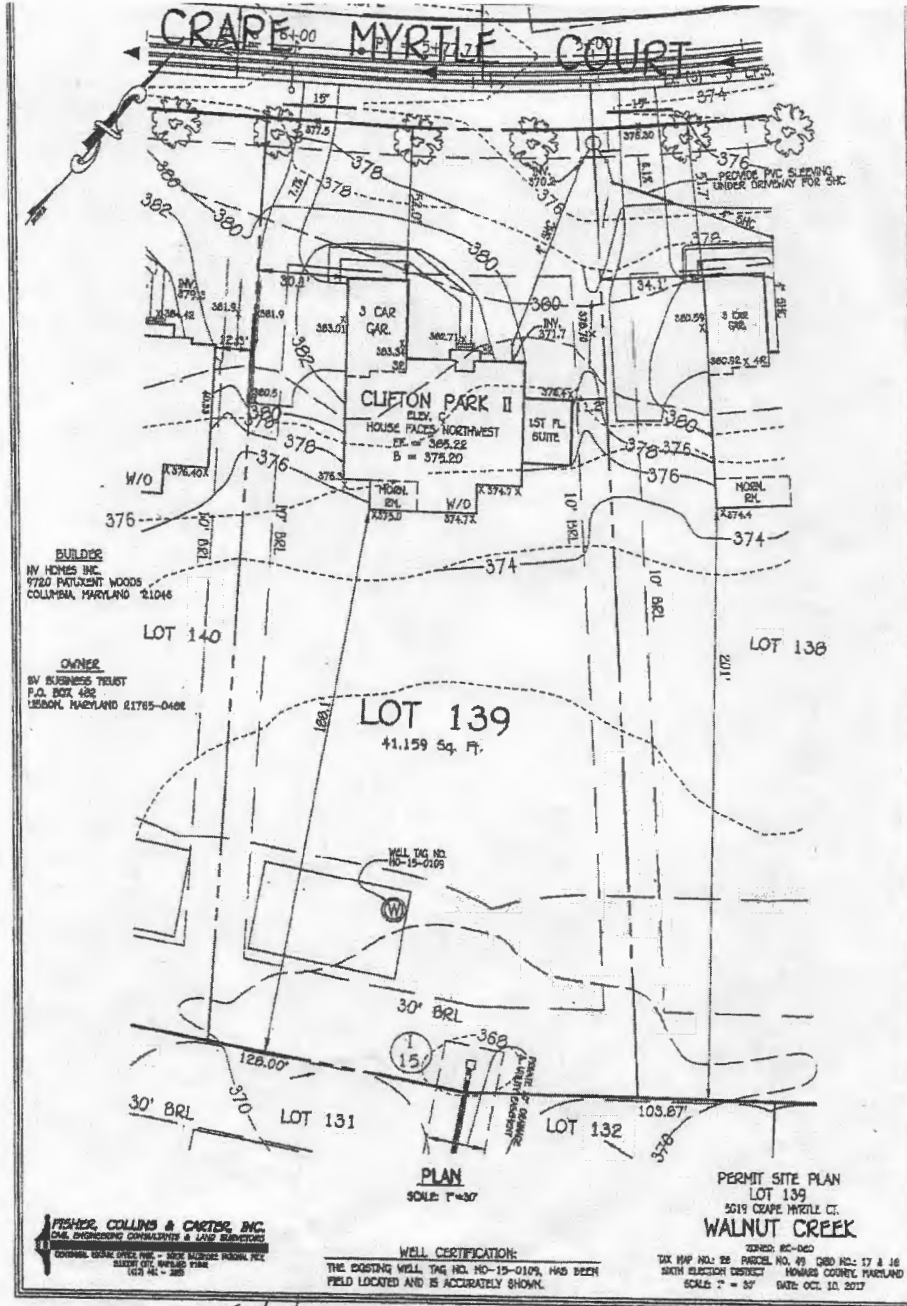
Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use *	Type of Porch *	Type of Porch Foundation *	Total Square Footage *	
SFD	Open Porch	New Deck	495 SQFT	
Water Supply	Sewage Disposal	Expiration Date		
Private	Private	12/22/2020		

PAYMENT INFORMATION

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

Submit Cancel

Approved R14
 720001945
 6/25/2020



10/11/17

