

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B24001420	04/19/2024
Description of Work		
SFD/Alterations to Enlarge basement window to 49 x36.		

[check spelling](#)

Online BP.
gsl 4/22/24

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6384	BEECHFIELD	AVE
Unit Type	Unit #	X Coordinate
-Select-		-76.73894
		Y Coordinate
		39.19443
City	State	Zip Code
ELKRIDGE	MD	21075
	Primary	
	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
858629	873	9000	153000	325600	172600	ELKRID
Legal Description						
LOTS 565-567 9000 SQ [6384 BEECHFIELD AVE [] HARWOOD PARK						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	565	601202	1	6			
Plan Area	State Tax Id	Subdivision Name					
	1401159925						
Section	Area	Tax Map					
		38					
Grid	Zoning District	ADC Map					
38-13	R-12	4937-B9					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1973	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	1-13	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
DORZI

Address Line 1
6384 BEECHFIELD AVE

Address Line 2

Address Line 3

Mail City
ELKRIDGE

Mail State
MD

Mail Zip Code
21075

Phone
410-493-1027

Primary
Yes

E-mail

Approved Septic System Plan
Howard County Health Department
D Bernard 4-30-24
Signature Date

Cell Number Fax Number

Professionals (This section is not required.)

License # · 08050124529
License Type · MHIC Co
Primary · Yes

Business Name
LEWIS CONSTRUCTION SERVICE INC

First Name **Middle Name** **Last Name**
JANICE LEWIS

Address Line 1
906 JAMES VIEW LANE

Address Line 2

City **State** **ZIP Code**
BOWIE MD 20721-0000

Phone 1 **Phone 2** **Fax**
3012490102 3012499649

E-mail
JJLEWIS00@VERIZON.NET

Applicant (This section is not required.)

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

Type · Applicant

Relationship · --Select--

Primary · Yes

First Name **MI** **Last Name**
Geraldine Dorzin

Full Name
DORZIN GERALDINE

Organization Name
DORZIN GERALDINE

Street Address
6384 BEECHFIELD AVE

Address Line 2

City **State** **Zip Code**
ELKRIDGE MD 21075

Phone **Cell** **Fax**
410-493-1027

E-mail
goldenoasissenior@gmail.com

Contact (This section is not required.)

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

Type · Contact

Relationship · --Select--

Primary · No

First Name **MI** **Last Name**
Geraldine Dorzin

Full Name
Geraldine Dorzin

Organization Name

Street Address
6384 Beechfield Ave.

Address Line 2

City **State** **Zip Code**
Elkridge MD 21075

Phone **Cell** **Fax**
410-493-1027 410-493-1027 410-220-3373

E-mail
goldenoasissenior@gmail.com

Addtl Info

Est Construction Cost · 300

Housing Units · 0

Number of Buildings · 0

Public Owned · No

Construction Type · --Select--

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage · 1 **No of Stories** · 1 **Basement** · (Number) --Select-- **Bedrooms** · (Number) **Full Baths** · (Number) **Half Baths** · (Number) **Water** · (Number) Public **Sewage** · Public

Existing Utilities
Gas & Electric ▼

Existing Heating System
Electric & Natural Gas ▼

Existing Sprinkler System
NFPA #13D ▼

Type of New Fireplace
--Select-- ▼

Expiration Date
10/19/2024

Submit Cancel