

Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B21002712	07/23/2021
Description of Work		
SFD/ CONSTRUCT 38 X 18 IRREGULAR SHAPED OPEN DECK W/ LANDING AND STEPS		

Approved RMC
7/30/2021

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12506	MARLOW	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94555	39.15165
City	State	Zip Code	Primary
FULTON	MD	20759	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
842217	134	3	257500	898800	641300	RURAL
Legal Description						
IMPSLOT 8 3.001 A[]12506 MARLOW RD[]HICKORY HILL FARMS						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8	605102	5				
Plan Area	State Tax Id	Subdivision Name					
	1405407087						
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-24	RR-DEO	5051-J6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
7518			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1989	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *	SADIQ SYEDA	
Address Line 1	12506 MARLOW RD	
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
FULTON	MD	21797
Phone	Primary	
410-549-5050	Yes	
E-mail		
psorge28@gmail.com		
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
32300	0	0	No
Construction Type	--Select--		

MISC PERMIT INFO

MISCELLANEOUS PERMIT 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 *	Water	Sewage	Expiration Date	
SFD	Private	Private	1/24/2022	

PAYMENT INFORMATION

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

Submit Cancel

