

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B22004034	10/28/2022
Description of Work		
SFD/Construct 12x16 screened porch, 14x16 open deck with steps		

[check spelling](#)

Address * (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street #	Street Name	Street Type	
750	MIDDLETRAIL	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.08334	39.34957
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved.
g8 11/2/02

Parcel * (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
830125	196	1.2	162000	162000	0	RURAL

Legal Description
P/O LOT 15A 1.203 A[]750 MIDDLETRAIL CT[]LISBON

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	15 A	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404332245						
Section	Area	Tax Map					
		2					
Grid	Zoning District	ADC Map					
2-23	RC-DEO	4691-G5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
☐ Yes ☒ No		☐ Yes ☒ No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-02	☐ Yes ☒ No					
Building No							

Owner * (This section is required.)

Search	Reset	Clear
Name *	BURES BROOKE	
Address Line 1	750 Middletrail Ct	
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
Mt Airy	MD	21771
Phone	Primary	
443-452-7573	Yes	
E-mail		

brookebures@gmail.com

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *
08010109742

License Type *
MHIC Ind

Primary
Yes

Business Name
LEONPROSERVICES LLC

First Name
OTARI

Middle Name

Last Name
GEGESHIDZE

Address Line 1
579 NOLVIEW CT

Address Line 2

City
GLEN BURNIE

State
MD

ZIP Code
21061-0000

Phone 1
4437645856

Phone 2

Fax

E-mail
LEONPROSERVICES@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
Applicant

Relationship
--Select--

Primary
Yes

First Name
OTARI

MI

Last Name
GEGESHIDZE

Full Name

Organization Name
LEONPROSERVICES LLC

Street Address
579 NOLVIEW CT

Address Line 2

City
GLEN BURNIE

State
MD

Zip Code
21061-0000

Phone
4437645856

Cell

Fax

E-mail *
LEONPROSERVICES@GMAIL.COM

Addtl Info

Est Construction Cost *
21500

Housing Units *
0

Number of Buildings *
0

Public Owned
No

Construction Type
--Select--

PORCH INFORMATION

PORCH 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

Type of Porch *
Screened Porch

Type of Porch Foundation *
Unknown

Total Square Footage *
168 SQFT

Water Supply
Private

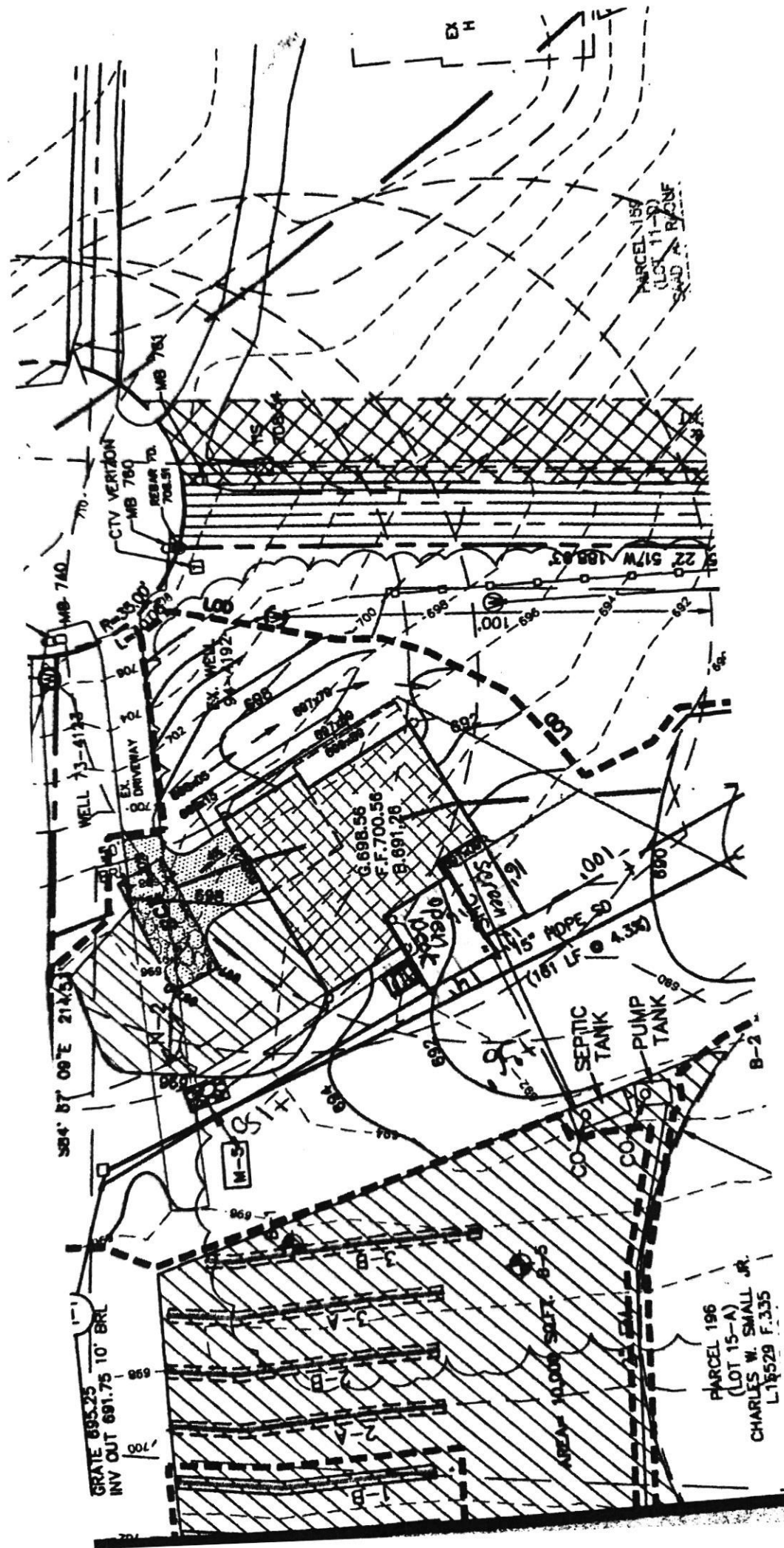
Sewage Disposal
Private

Expiration Date
4/30/2023

PAYMENT INFORMATION

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

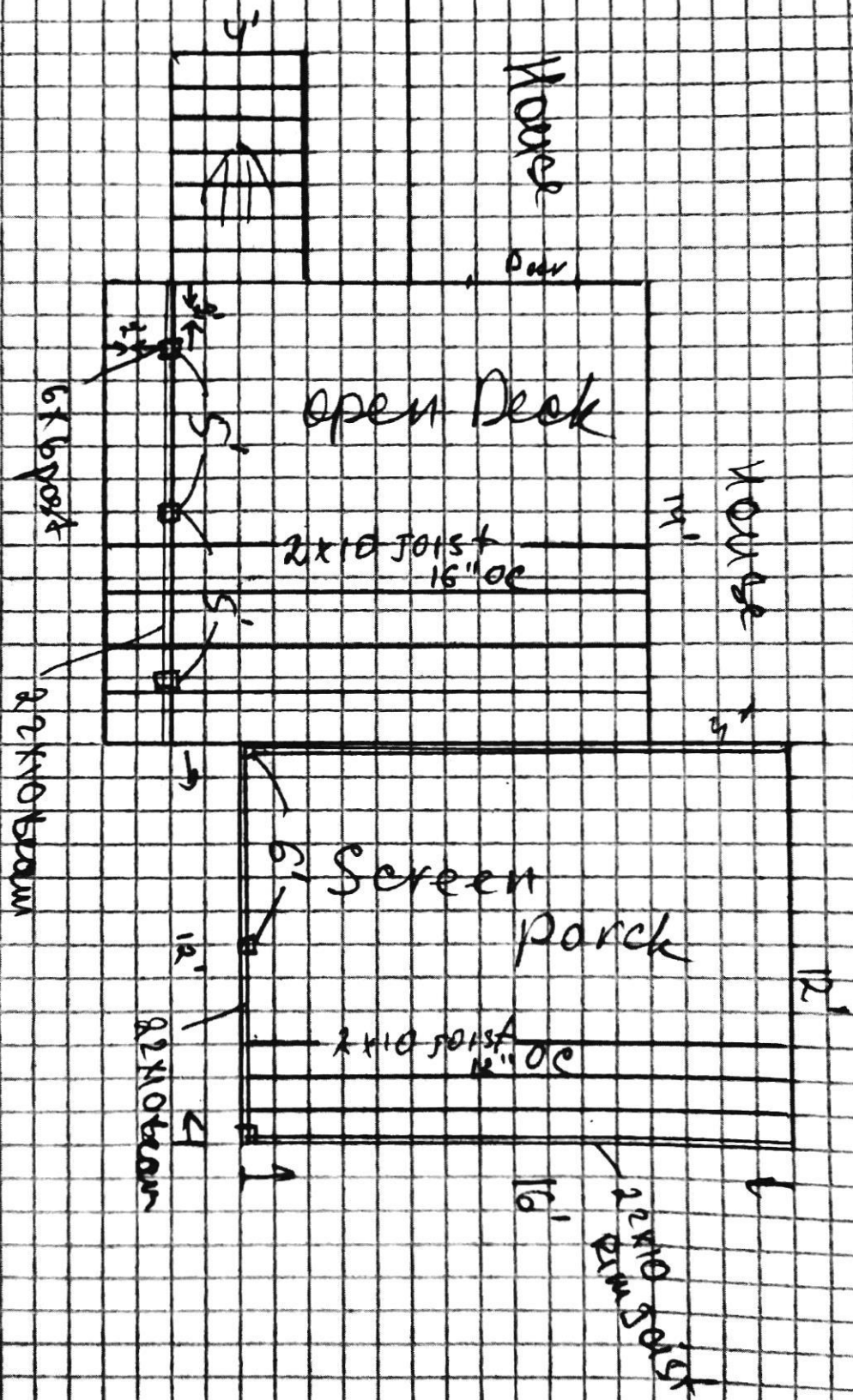
Submit Cancel



PARCEL 196
(LOT 15-A)
CHARLES W. SMALL JR.
L15529 F.335

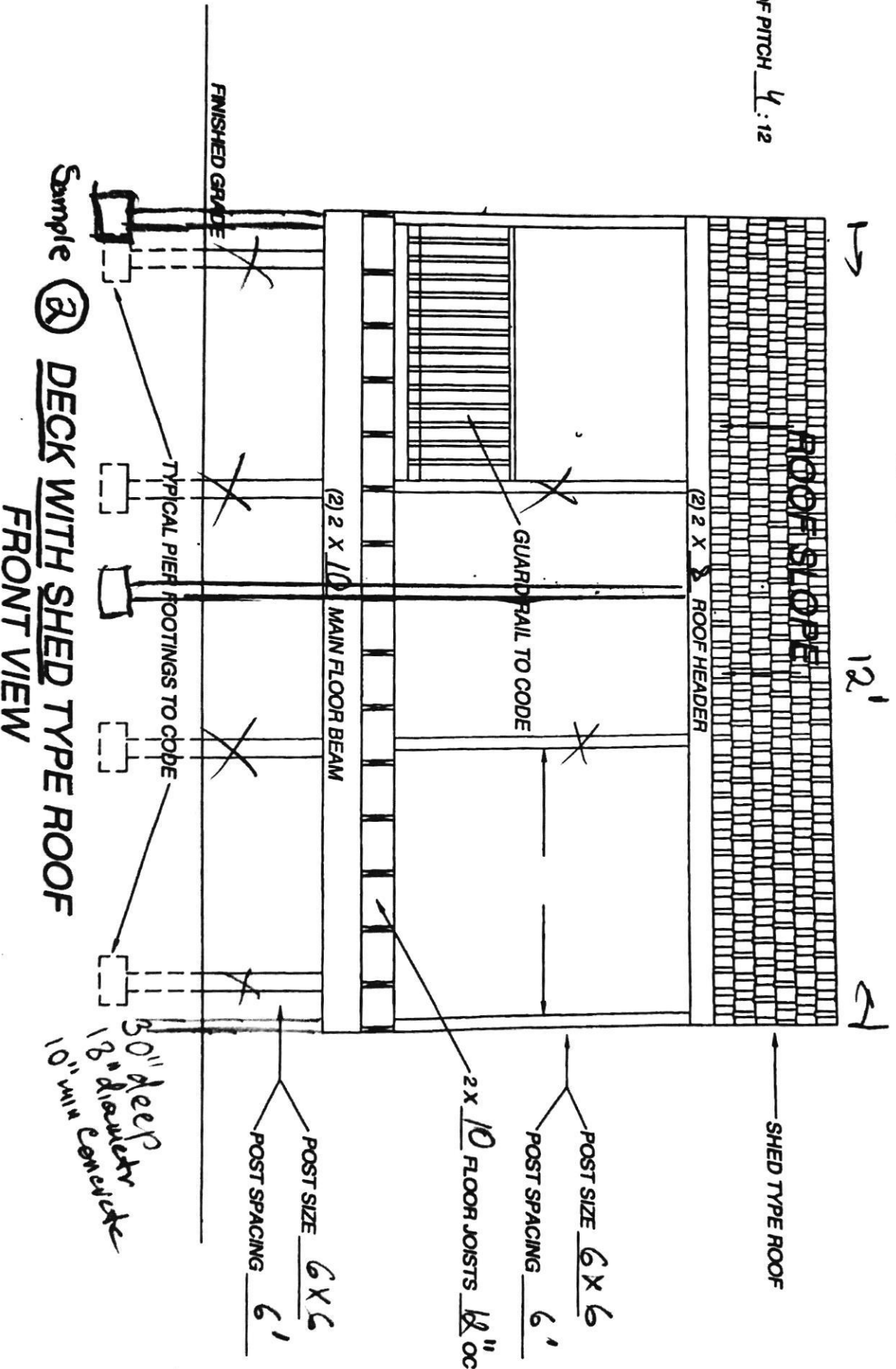
Top View

Scale 1:80

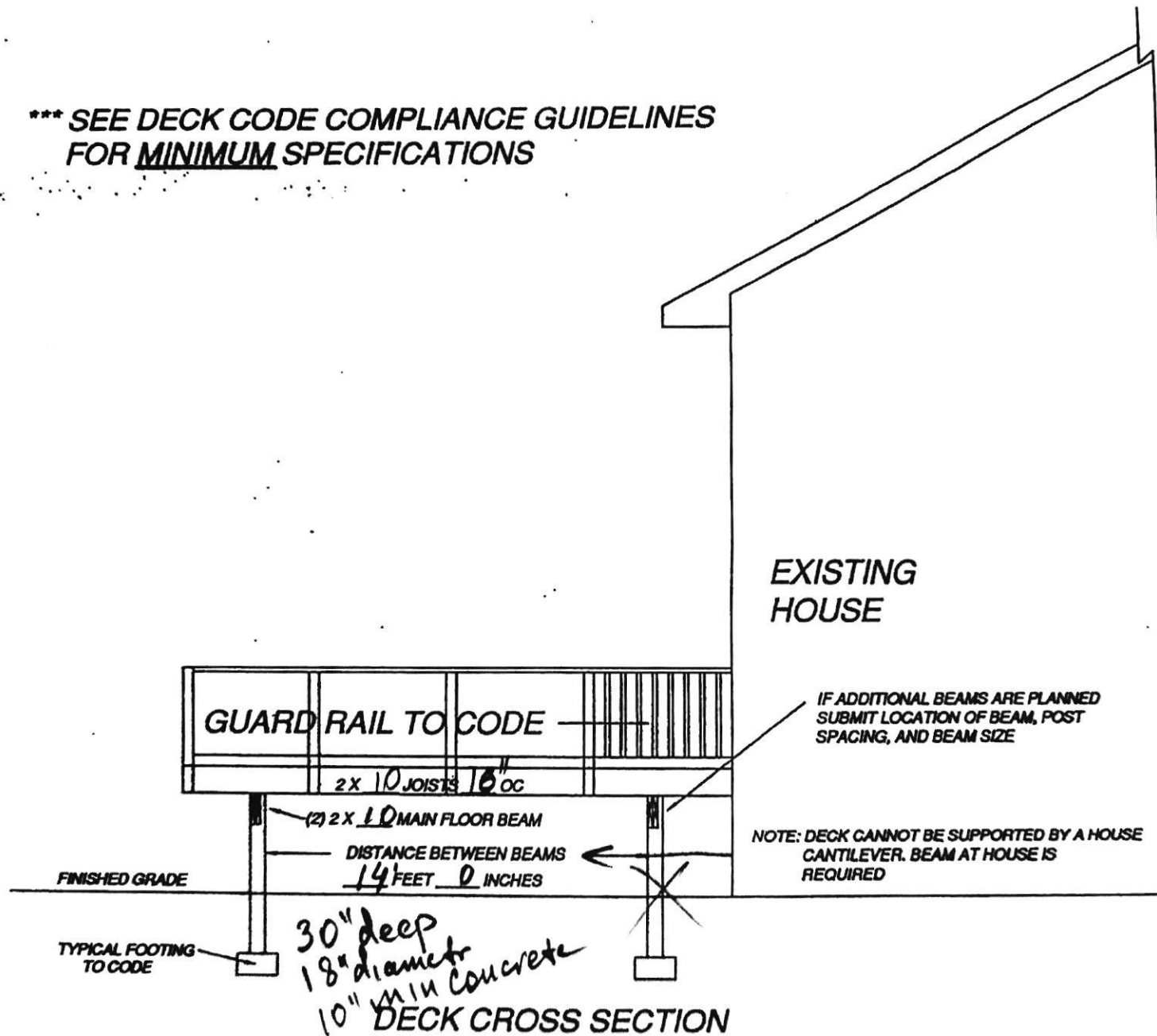


EXISTING HOUSE

ROOF PITCH 4 : 12



*** SEE DECK CODE COMPLIANCE GUIDELINES
FOR MINIMUM SPECIFICATIONS



ROOF PITCH 4:12

2X 8 RAFTERS 18" OC

(2) 2X 8 ROOF HEADER

POSTS 6x6 INCHES APART TYPICAL

GUARD RAIL TO CODE

2X 10 JOISTS 18" OC

(2) 2X 10 MAIN FLOOR BEAM
16'

FINISHED GRADE

RAFTER LEDGER BOARD: 2x8

EXISTING
HOUSE

LEDGER BOARD: 2x10

TYPICAL FOOTING
TO CODE

CROSS SECTION. DECK WITH SHED
30" deep
18" diameter TYPE ROOF TYPICAL SIDE VIEW
10" MIN CONCRETE