

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B24003375 Opened Date 09/06/2024
Description of Work SFD/ FINISH BASEMENT TO INLCUDE FULL BATH, THEATER ROOM, GYM ROOM, RECREATION ROOM, BAR. APPROX 1500 SF**SMOKE DETECTORS REQUIRED, SUBJECT TO FIELD INSPECTION**

Approved ZIC
10/7/2024

[check spelling](#)

Online BP.
g & 9/27/24

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 15609 Street Name LINDEN GROVE Street Type LN
Unit Type --Select-- Unit # X Coordinate -77.06295 Y Coordinate 39.3272
City WOODBINE State MD Zip Code 21797 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID * 11059833 Parcel 0005 Parcel Area 1.04 Land Value 156400 Improved Value 0 Exemption Value 0 Plan Area RURAL
Legal Description LOT 2, 1.041 A. []15609 LINDEN GROVE LN []LINDEN GROVE, PH. 1

[check spelling](#)

Block 13 Lot 2 Census Tract 604001 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1404601881 Subdivision Name Linden Grove
Section Area Tax Map 8
Grid 8-13 Zoning District RC-DEO ADC Map 4691-K8
SDP No. Final Plan No. ECP-17-019 WP File No.
Record Plat No. 25064-2507 WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 2021 Historic District
Historic District Registry No. Stat Area 4-05 Flood Plain
Building No

Owner (This section is not required.)

Search Reset Clear

Name * BEZAV
Address Line 1 15609 Linden Grove In
Address Line 2
Address Line 3
Mail City Woodbine
Mail State MD
Mail Zip Code 21797
Phone 443-803-8336
Primary Yes
E-mail

s_bezawada@yahoo.com

Cell Number

4438038336

Fax Number

Professionals (This section is not required.)

License # 0
License Type Home Owner
Primary Yes
Business Name OWNER TO ACT AS CONTRACTOR
First Name Middle Name Last Name
Address Line 1
Address Line 2
City State ZIP Code
Phone 1 Phone 2 Fax
E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant
Relationship Applicant
Primary No
First Name screenivasulu MI Last Name Bezawda
Full Name
BEZAWDA SREENIVASULU
Organization Name
BEZAWDA SREENIVASULU
Street Address
15609 Linden Grove Ln
Address Line 2
City woodbine State MD Zip Code 21797
Phone 4438038336 Cell Fax
E-mail s_bezawada@yahoo.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact
Relationship Applicant
Primary Yes
First Name screenivasulu MI Last Name Bezawada
Full Name
sreenivasulu Bezawada
Organization Name
Street Address
15609 Linden Grove Ln
Address Line 2
City woodbine State MD Zip Code 21797
Phone 443-803-8336 Cell 443-803-8336 Fax
E-mail s_bezawada@yahoo.com

Addtl Info

Est Construction Cost 20000
Housing Units 0
Number of Buildings 0
Public Owned No
Construction Type --Select--

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage	No of Stories	Basement	Bedrooms	Full Baths	Half Baths	Water	Sewage
1500	SQFT (Number) 2	(Number) Unfinished	0	(Number) 0	(Number) 0	(Number) Private	Private

Existing Utilities
Gas & Electric

Existing Heating System
Electric & Propane Gas

Existing Sprinkler System
NFPA #13D

Type of New Fireplace
--Select--

Expiration Date
3/23/2025

Submit Cancel


**Room
Sketcher**

Level 1



