

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Porch	Permit Number B25000724	Opened Date 02/25/2025
Description of Work SFD/ CONSTRUCT 14' X 13'2" SCREENED PORCH, 10'6" X 14' OPEN DECK		

*Approved 3/7/2025
A/C*

*Online BP.
y & 2/26/25*

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 15421	Street Name RIVERCREST	Street Type CT
Unit Type --Select--	Unit #	X Coordinate -77.05074
City BROOKEVILLE	State MD	Y Coordinate 39.25306
	Zip Code 20833	Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 922618	Parcel 84	Parcel Area 1	Land Value 205000	Improved Value 0	Exemption Value 0	Plan Area RURAL
Legal Description LOT 2 1.000 A []15421 RIVERCREST CT []RIVERCREST RS LT 1 BUICE						

[check spelling](#)

Block 20	Lot 2	Census Tract 605601	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1404370570	Subdivision Name Rivercrest					
Section	Area	Tax Map 21					
Grid 21-20	Zoning District RC-DEO	ADC Map 4812-B10					
SDP No.	Final Plan No. F-04-057	WP File No.					
Record Plat No. 18208-1821	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input checked="" type="radio"/> No	Year Built 2022	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 4-09	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
BAOSF

Address Line 1
15421 RIVERCREST CT.
Address Line 2

Address Line 3

Mail City
BROOKVILLE

Mail State
MD

Mail Zip Code
20833

Phone
410-549-5050

Primary
Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # 08010083116	Business Name CLASSIC DESIGN GROUP INC		
License Type MHIC Ind	First Name LUIS	Middle Name	Last Name BALDERRAMA
Primary No	Address Line 1 5433 WOODBINE ROAD		
	Address Line 2		
	City WOODBINE	State MD	ZIP Code 21797-0000
	Phone 1 3014402640	Phone 2	Fax 4105495449
	E-mail LUISBALMEN@HOTMAIL.COM		

Applicant (This section is not required.)

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

Type Applicant	First Name PETER	MI	Last Name SORGE
Relationship --Select--	Full Name PETER SORGE		
Primary Yes	Organization Name CLASSIC DESIGN GROUP INC		
	Street Address 5433 WOODBINE RD		
	Address Line 2		
	City WOODBINE	State MD	Zip Code 21797
	Phone 410-549-5050	Cell 240-375-4658	Fax 410-549-5449
	E-mail PSORGE28@GMAIL.COM		

Addtl Info

Est Construction Cost 36495	Housing Units 0	Number of Buildings 0	Public Owned No
Construction Type --Select--			

PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee <input type="radio"/> Yes <input type="radio"/> No	Capital Project Number (Text)	Fee Exempt <input type="radio"/> Yes <input type="radio"/> No	Roadside Tree Project Permit <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit # (Text)
Existing Use SFD	Type of Porch ▼ Screened Porch	Type of Porch Foundation ▼ New Deck	Total Square Footage ▼ 182	SQFT (Number)
Water Supply Private	Sewage Disposal ▼ Private	Expiration Date ▼ 8/25/2025		

Submit **Cancel**

