

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B23004674	11/28/2023

Description of Work

NOV/ SFD/ Restored deck on the backside of the house that had fallen due to storms. Followed same footprint and design as original deck. In addition, installed an aluminum fence around the pool for safety purposes. (SEE CB230616)

[check spelling](#)

Online BP assigned to RSF for review. GB 12/20/23

Approved K12
1/4/2024

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12151	MOUNT ALBERT	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93814	39.26508
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	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
894133	510	3.36	243900	0	683600	RURAL

Legal Description

IMPVLOT 2 3.3688 AR[]12151 MOUNT ALBERT CT[]WAKEFIELD PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403303675	WAKEFIELD PROPERTY					
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-18	RR-DEO	4813-K8					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
3517			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	1979	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-08A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

HSU CHRISTINA

Address Line 1

8916 HARNESS TRAIL

Address Line 2

Address Line 3

Mail City

POTOMAC

Phone

202-285-2984

E-mail

Cell Number

Mail State

MD

Mail Zip Code

20854

Primary

Yes

Fax Number

Professionals (This section is not required.)

License # 08010092515
License Type MHIC Ind
Primary Yes
Business Name CHAW SING RENOVATION INC
First Name CHAW SING **Middle Name** **Last Name** YEOH
Address Line 1
Address Line 2 11216 MARKWOOD DRIVE
City WHEATON **State** MD **ZIP Code** 20902
Phone 1 3019228266 **Phone 2** **Fax** 3013880325
E-mail SUNGYEOH333@YAHOO.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant
Relationship Applicant
Primary Yes
First Name Christina **MI** **Last Name** Hsu
Full Name Christina Hsu
Organization Name
Street Address 8916 Harness Trail
Address Line 2
City Potomac **State** MD **Zip Code** 20854
Phone 202-285-2984 **Cell** **Fax**
E-mail hsu.christina@gmail.com

Addtl Info

Est Construction Cost 35000 **Housing Units** 0 **Number of Buildings** 0 **Public Owned** No
Construction Type 101 - Single Family Houses Detached

MISC PERMIT INFO

MISCELLANEOUS PERMIT 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 **Water** Private **Sewage** Private **Expiration Date** 6/16/2024

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
CB230616	Building Complaint	Investigation Opened	12151	MOUNT ALBERT	08/08/2023	per JOE WOOD 410-313-1813 WORK COMPLETED WITH
B23004674	Residential Deck Permit	Review In Process	12151	MOUNT ALBERT	11/28/2023	NOV/ SFD/ Restored deck on the backside of the house th

Page 1 of 1



Submit Cancel

Menu, Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/03/2024

Single Entry Edit-View Record Form

Application Name

B23004986

Description

SFD/ Alterations to existing 1st floor bathroom to include: remove non load bearing wall (36 sq. ft.) to create space for new shower design. Remove & replace drywall as NEEDED up to 0-5 sheets.

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Prog

Assigned to Staff Current User

Zack Silvast

Online BP.
JB 1/4/24

Approved BJE
1/12/2024

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/> ●	7532		Flamewood	DR	Clar...	MD	21029				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/> ●	Willa Boze	7532 Flamewood Dr.			Clarksville	MD	21029	410-971-1263	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

David

Middle Name

Last Name *

Maclean

Home Phone (p000)000-0000

Organization Name *

Brothers Services Company

Mobile Phone (XXX XXX-XXX

(410)276-8437

E-mail

DMACLEAN@BROTHERSSERVICES.COM

Business Phone X XX XX

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date

1/3/2024

Due Date

1/5/2024

Dates to Complete

14

(Number)

Food Review Type

--Select--

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

1/3/2024

FACILITY INFORMATION

Name of Business (dba)

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Yes No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes No

Facility Fax

(Text)

Days of Operation

(Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

Design Wastewater Flow

0

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0

(Number)

Date PLAT signed by Health Officer

01/03/2024

PLAT Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0 (Text)

Number of paper copies

0 (Number)

Number of mylar copies

0 (Number)

Number of buildable lots created

0 (Number)

Number of non-buildable lots created

0 (Number)

Total Number of Lots

0 (Number)

Associated Plans

0

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in an outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

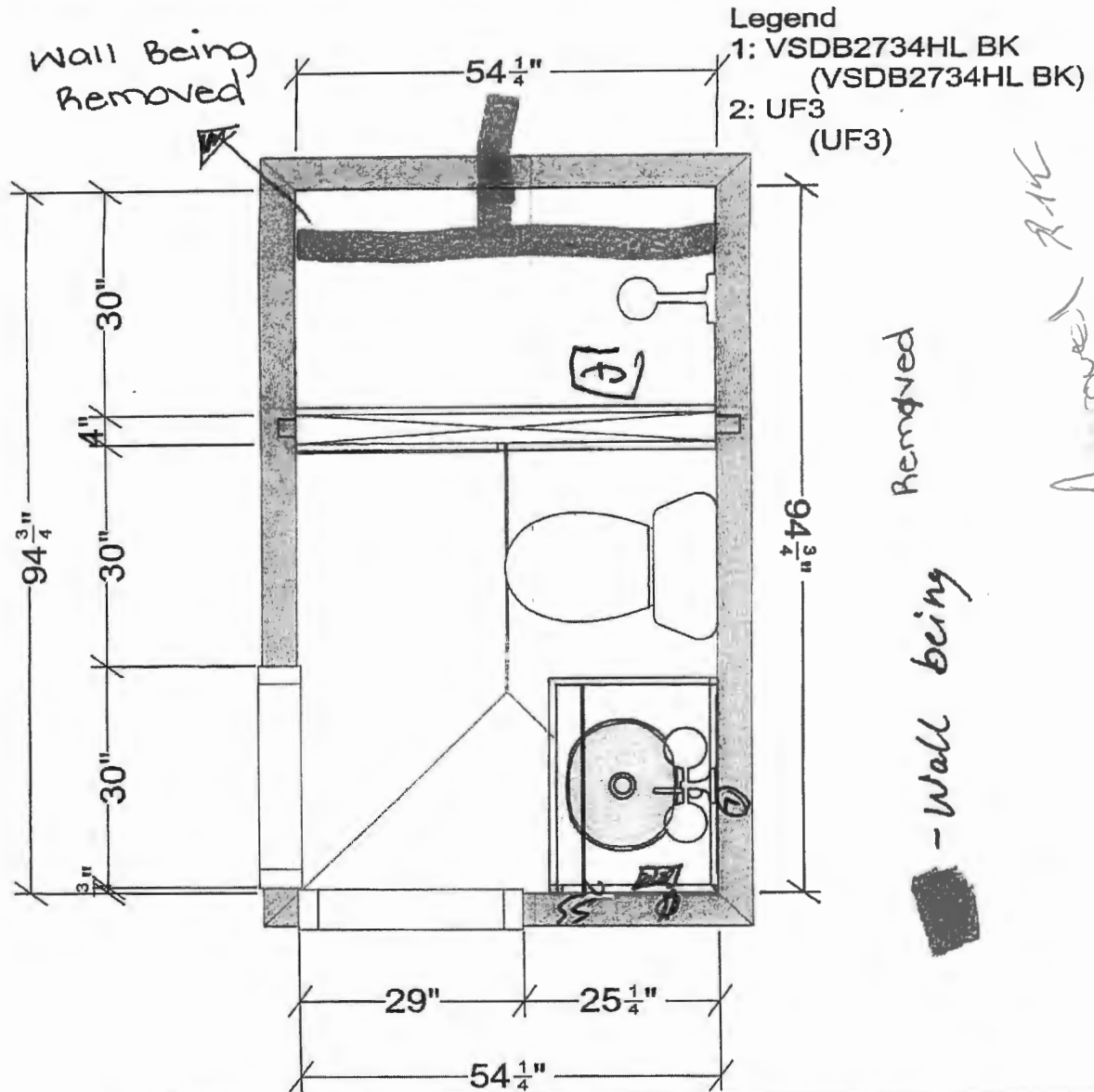
REFUSE AND RECYCLABLES

Dumpsters Located on an impervious surface?

--Select--

Will there be a grease receptacle?

--Select--



Removed

- Wall being

Approved R.H.
 08/15/20
 B2300323
 1201/21/1

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 9/29/2023
 Printed: 11/13/2023

Menu, Save, Reset, Cancel, Help

Record Detail * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/03/2024

_Single Entry Edit-View Record Form

Application Name

B23004986

Description

SFD/ Alterations to existing 1st floor bathroom to include: remove non load bearing wall (36 sq. ft.) to create space for new shower design. Remove & replace drywall as NEEDED up to 0-5 sheets.

Online BP.
JB 1/4/24

Approved 2/12
1/12/2024

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Prog

Assigned to Staff Current User

Zack Silvast

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/> <input checked="" type="radio"/>	7532		Flamewood	DR	Clar...	MD	21029				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/> <input checked="" type="radio"/>	Willa Boze	7532 Flamewood Dr.			Clarksville	MD	21029	410-971-1263	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

David

Middle Name

Last Name *

Maclean

Home Phone ((XXX)XXX-XXXX)

Organization Name
 Brothers Services Company
 Mobile Phone (XXX XXX-XXXX)
 (410)276-8437
 E-mail
 DMACLEAN@BROTHERSSERVICES.COM
 Business Phone X XXXXX

Preferred Channel
 --Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date 1/3/2024 Due Date 1/5/2024
 Dates to Complete 14 Received by Food
 Food Review Type --Select-- Equipment Specification Sheets Submitted
 Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic
 1/3/2024

FACILITY INFORMATION

Name of Business (dba) n/a
 Associated Building Permit Number
 Owner Switch Date
 Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Does the project include Private Septic? If Yes, forward to WS Program.
 Is this a Prototype Food Service Facility? If Yes, refer to State.
 Facility Fax
 Days of Operation
 Does this project have a Building Permit?
 Building Permit Issued Date
 Non-Profit
 Does the project include Private Well? If Yes, forward to WS Program.
 Does the project include Food Services? If Yes, forward to FP Program.
 Facility Phone
 Facility Email

PROPERTY INFORMATION

Water Source Private
 Design Wastewater Flow 0
 Sewage Disposal Private
 Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0
 Total number of open space lots to be recorded 0
 Total number of bulk parcels to be recorded 0
 Total number of lots / parcels to be recorded 0
 New buildable lots created 0
 Date PLAT signed by Health Officer 01/03/2024
 PLAT Type --Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0

(Text)

Number of paper copies

0

(Number)

Number of mylar copes

0

(Number)

Number of buildable lots created

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Associated Plans

0

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

Interior Restaurant Seating Capacity

(Number)

(Number)

Bar Seating Capacity

Outdoor Seating Capacity

(Text)

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

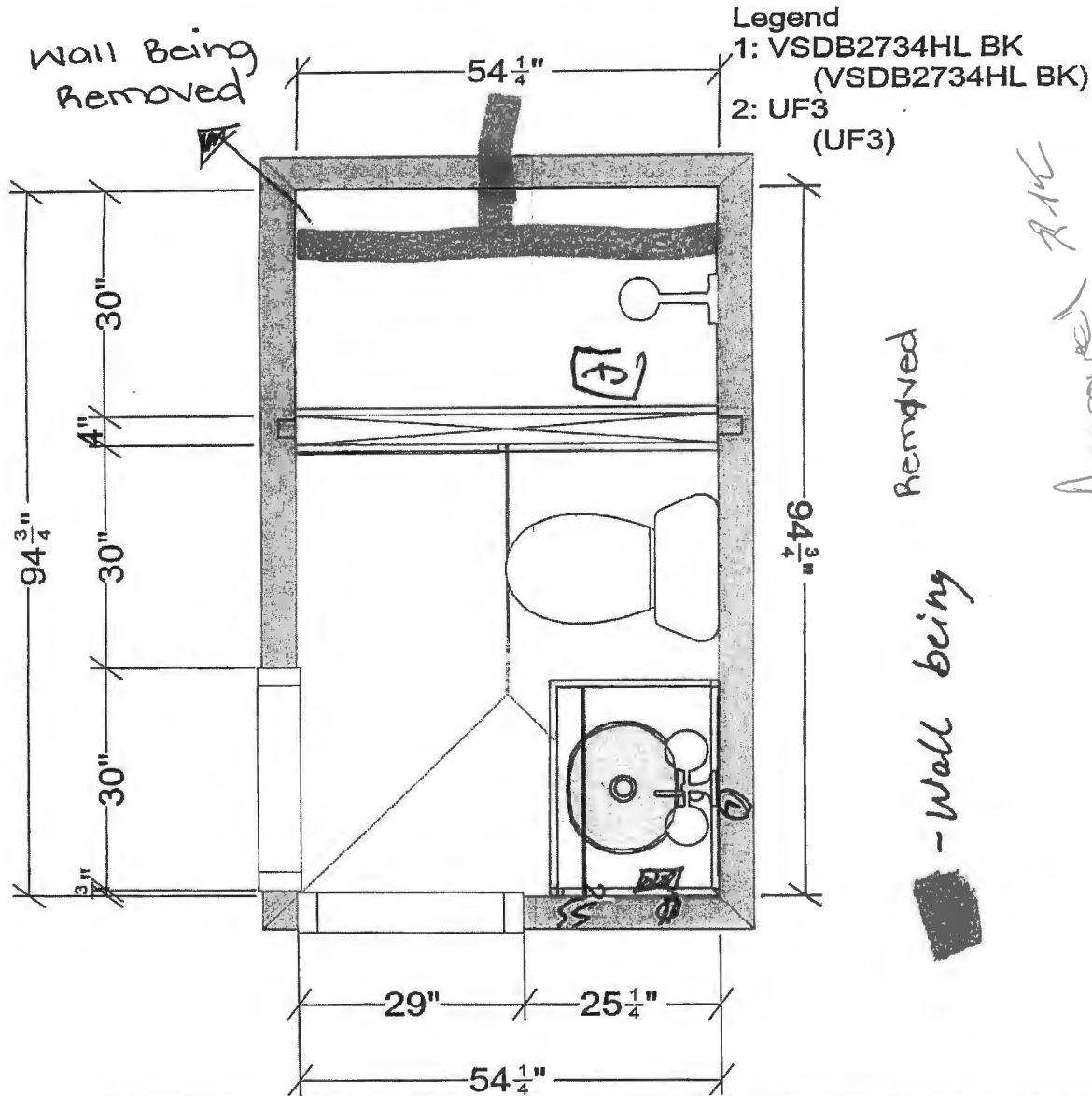
REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--



Removed

- Wall being

Approved R/W
 08/15/2023
 B2300522
 12/21/23

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 9/29/2023
 Printed: 11/13/2023

JrB