

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 RJE 1/12/2024

Address \* (This section is required.)

New	Search	Delete	Set Primary							U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	<input type="checkbox"/>	<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 ((xxx)xxx-xxxx)

Organization Name \*

Brothers Services Company

Mobile Phone ((XXX)XXX-XXXX)

(410)276-8437

E-mail

DMACLEAN@BROTHERSSERVICES.COM

Business Phone (XXX)XXX XXXX;

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> 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

Equipment Specification Sheet

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

Signature Required

Yes  No

Number of paper copies

0  
(Number)

Number of buildable lots created

0  
(Number)

Total Number of Lots

0  
(Number)

Plan Version

Initial

Engineer

0

(Text)

Number of mylar copies

0  
(Number)

Number of non-buildable lots created

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

(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--

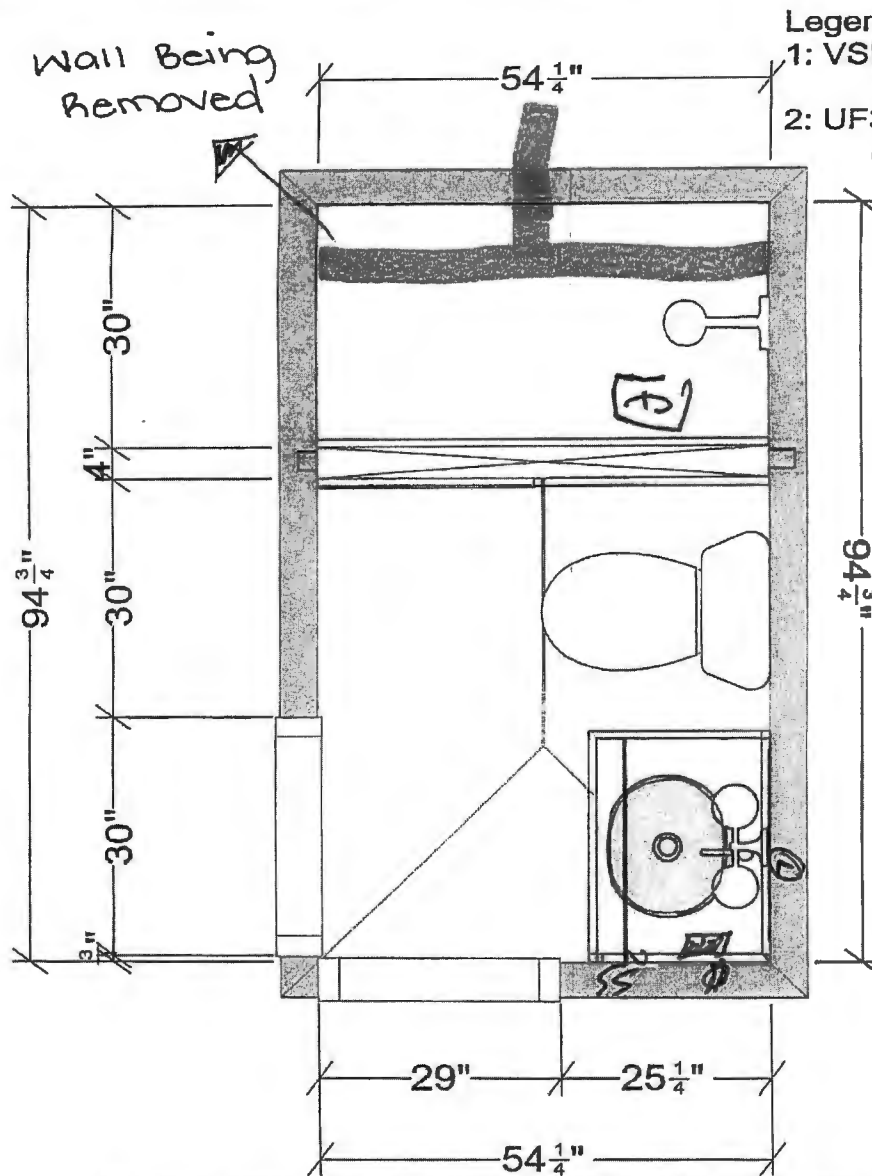
REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--



Legend  
 1: VSD B2734HL BK  
 (VSD B2734HL BK)  
 2: UF3  
 (UF3)

*Approved R/W  
 08/15/2020  
 BCS  
 12/21/11*

*Removed  
 - Wall being*

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*