

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

EH-PLANS-23-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

12/12/2023

Single Entry Edit-View Record Form

Application Name

B23004777

Description

SFD//FROM EXISTING PORCH, CONSTRUCT 8X4 COMPOSITE LANDING W/STEPS TO 4X4 LANDING W/STEPS TO GRADE

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

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 checked="" type="checkbox"/>	1429		Heritag...	RD	Wood...	MD	21797				

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

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

James

Middle Name

Last Name *

Amend

Home Phone ((xxx)xxx-xxxx)

Organization Name *

The Deck & Fence Company, LLC.

Mobile Phone ((xxx)xxx-xxxx)

Online Approved

Online BP, should be a simple one to review before your vacation. Thank you. g8 12/14/23

(410) 846-5210

E-mail

JAMEND@THEDECKANDFENCECOMPANY.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

12/12/2023

Due Date

12/14/2023

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

12/12/2023

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

0 (Text)

Days of Operation

0 (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

0 (Text)

Facility Email

0 (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

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

Number of non-buildable lots created

0 (Number) (Number)
Total Number of Lots **Associated Plans**
 0 (Number)

WELL AND SEPTIC INTERNAL
State Review Required **Coordinate State Review**
 Yes No Yes No
Proposed Septic System Type
 --Select--

FOOD ESTABLISHMENT FACILITY
Priority Assessment **Licensed Type**
 --Select-- --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 **Total Seating Capacity**
 --Select-- (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 **Description of Refrigeration Units**
 Yes No
Number of Walk-In Refrigerator Units **Description of Walk-In Freezer Units**
 (Number) (Text)
Is there a bulk ice machine available **Space Limitation**
 Yes No
Number of Hand Sinks Available **Hood System**
 (Number) (Text)
Ventless Equipment
 (Text)

PLUMBING
Size and installation of the water heater? **Is there a grease interceptor or grease trap?**
 (Text) --Select--

REFUSE AND RECYCLABLES
Dumpsters Located on a impervious surface? **Will there be a grease receptacle?**
 --Select-- --Select--

WAREWASHING DISHWASHING
Dishwashing Method
 --Select--

HACCP
Plan Review Response Letter Received **Date HACCP Approved by the State**
 Yes No
Date HACCP Plan Submitted **HACCP Plan Approved**

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling rafters exposed ?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have:

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

AF INFORMATION

Plan Review Type

--Select--

Aquatic Facility Project Description

(Text)

County Building Permit Number

Expected Completion of Construction

(Text)

(Text)

Total Aquatic Facilities at Venue

Sewer Service

(Number)

--Select--

Water Service

County Plumbing Permit Number

--Select--

(Text)

County Electrical Permit Number

(Text)

AF DECKS

- A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'. --Select--
- B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17) --Select--
- C. The slope of the deck is away from the pool or spa, towards points of disposal --Select--
- D. The deck has deck drains or other disposal points. --Select--
- E. An expansion joint between the coping and the deck is sealed with a water tight sealant. --Select--
- F. The deck's surface is slip resistant, nonskid & cleanable --Select--
- G. Accessible hose bibs on the deck at 150 foot intervals --Select--
- H. Note: Additional requirements if deck surface is not concrete --Select--

Comments

AF EQUIPMENT ROOM

- A. The facility has an equipment room that houses the pool and/or spa circulation --Select--
- B. Weather tight construction and adequate area for safe access to equipment --Select--
- C. A minimum ceiling height of 7'6" --Select--
- D. A waterproof floor that drains to a floor drain --Select--
- E. A lockable entrance that allows complete access to the room --Select--
- F. A minimum of 20 foot candles of artificial illumination --Select--
- G. Ventilation sized at 2 cubic feet per minute per square foot of floor area --Select--
- H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment --Select--
- I. A water resistant data sheet (COMAR 10.17.01.23) --Select--
- Comments

AF CIRCULATION SYS & COMP

- A. Presence and proper placement of both the influent and effluent pressure gauges --Select--
- B. A vacuum or compound gauge on the influent side of the pump --Select--
- C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate --Select--
- D. A thermometer on the return line to pool or spa when heated --Select--
- E. Presence of sight glass and manually operated air release valve --Select--
- F. Turnover rates (COMAR 10.17.01.25) --Select--
- a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow --Select--
- b. Flow through a circulation system is between the minimum turnover rate and the design --Select--
- G. Head Loss Calculations --Select--
- 1. Calculation of piping head loss using the Hazen- Williams formula --Select--
- 2. Determination of a clean and dirty total dynamic head --Select--
- H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom --Select--
- I. Filter Capacity --Select--
- 1. Filter operates within the filter design rate --Select--
- 2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate --Select--
- 3. Pump curves for pool pumps are provided --Select--
- J. Ensure the pool is not interconnected with a spa or wading pool --Select--
- K. Verify that circulation systems components are NSF approved by ANSI --Select--
- L. Verify that the manufacturer and model number information are provided for items listed in "K" --Select--
- M. Verify that the chemical feeder can provide the minimum disinfectant residual --Select--
- N. Vacuum Systems --Select--
- 1. System is available for cleaning the pool or spa floor --Select--
- 2. For circulation systems with greater than 4 skimmers the vacuum system is separate --Select--
- 3. Verify the vacuum line connection is prior to pump hair and lint strainer --Select--
- 4. Verify the vacuum line connection is prior to pump hair and lint strainer --Select--
- O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded --Select--
- P. Note: see regs for Carbon Dioxide feeders & Ozone Systems --Select--
- Comments

AF DIVING AREA AND EQUIPMENT

- A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 & ANSI/NSPI-1 2003 --Select--
- Comments

AF SUCTION ENTRAPMENT

A. Main drain line for pool is connected to a minimum two main drain outlets

--Select--

B. A vacuum fitting is capped and a line valve is in the closed position when not in use

--Select--

C. Drain will be covered with a securely attached drain cover

--Select--

D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer

--Select--

E. Virginia Graeme Baker (VGB) Compliant

--Select--

F. Equalizer covers are VGB Compliant

--Select--

Comments

AF ILLUMINATION

A. Even illumination of water, deck and walkways

--Select--

B. A combination of underwater lighting and deck lighting so that

--Select--

1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck

--Select--

2. Overhead lighting yields 2 watts per sqft of required deck area

--Select--

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light

--Select--

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:

--Select--

1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or

--Select--

2. Dehumidifying the recirculated air from the enclosed area

--Select--

Comments

AF PLUMBING WATER SPLY&DISPOSAL

C. Riser diagram for potable water and source of water supply

--Select--

D. Has at least one drinking fountain for every 5,000 square feet of water surface area

--Select--

E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand

--Select--

F. Backflow Protection

--Select--

1. Backflow protection is provided for a potable water supply and for wastewater

--Select--

A. Permitted with DILP for all applicable State (COMAR) & local plumbing requirements

--Select--

2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level

--Select--

B. Riser diagram for sewerage and method of disposal

--Select--

3. Backflow protection where the water enters the facility or nearby fill connections to the pool

--Select--

G. Backwash discharge

--Select--

1. Verify whether discharge is to sanitary or storm sewer

--Select--

2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed

--Select--

Comments

AF BATHHOUSE FACILITY

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility

--Select--

1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a pool

--Select--

2. One water closet, lavatory and urinal shall be provided for the first 100 male users.

--Select--

3. Two water closets and lavatories shall be provided for the first 100 female users

--Select--

4. A minimum of two shower heads is provided for each sex for the first 100 users

--Select--

5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device

--Select--

6. Soap dispensers for liquid or dry powdered soap provided for each lavatory

--Select--

7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-1)

--Select--

8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users

--Select--

9. Baby changing table provided (ANSI/NSPI-1 19.6.12)

--Select--

10. Adequate lighting and ventilation provided for each restroom facility

--Select--

11. Floors have a slip resistant surface with adequate floor drains

--Select--

12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning

--Select--

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

--Select--

B. Pool or Spa Gates, Doors Entrances and Exits

--Select--

C. Available ADA self operating handicap lifts , ramps and or transfer walls

--Select--

Comments

AF BATHER LOAD

- A. Number of people in 5ft or less for every 12 sq ft (Text) B. Number of people in 5ft or more for every 15 sq ft (Text)
- C. Number of people in diving area for every 300sq ft (Text)
-

AF MISCELLANEOUS

- Adequate Pool Chemistry Test Kit Adequate First Aid Equip and Signs
- Select-- --Select--
- Comments
-

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

Associated GIS Features *(This section is not required.)*

GIS Delete

Submit Cancel

* 1 17 95



The
Deck & Fence
 Company LLC

We'll See You Out Back!

CONTACT INFORMATION

OWNER

EVAN ADAMS-KAISER
 1429 HERITAGE RIDGE RD.
 WOODBINE, MD 21797
 PH: 856-904-4609

GENERAL CONTRACTOR / DESIGNER

DECK & FENCE COMPANY LLC.
 408 HEADQUARTERS DR. SUITE 1
 MILLERSVILLE, MD. 21108

MATERIAL SPECIFICATIONS

ITEM REF.	MATERIAL	MANUFACTURER	STYLE	COLOR	NOTES
DECKING BOARDS	COMPOSITE	TREX	TRANSCEND	ISLAND MIST	
RAILING	ALUMINUM	TREX	SIGNATURE	BLACK	
RAIL CAP					
RAIL POST	ALUMINUM	TREX	SIGNATURE	BLACK	
POST CAP	ALUMINUM	TREX	SIGNATURE	BLACK	
BALUSTERS	ALUMINUM	TREX	SIGNATURE	BLACK	

SCOPE OF WORK

SCOPE OF WORK TO INCLUDE:

- REMOVE EXISTING 6' RAILING SECTION
- CONSTRUCTION OF NEW LANDING & STAIRCASE
- WRAP NEW BEAMS IN WHITE VINYL TRIM

NOTES

LANDING HEIGHT IS APPROXIMATELY 11'

BUILDING INFORMATION

BUILDING: 2 STORY SINGLE FAMILY DWELLING
 COUNTY: HOWARD

DRAWING INDEX

G1	COVER SHEET, GENERAL NOTES, & DRAWING INDEX
A1	POST & BEAM PLAN
A2	FRAMING PLAN
A3	CROSS SECTION
A4	STAIR DETAILS
A5	BRACING CONNECTIONS



SHEET NAME: COVERSHEET,
 GENERAL NOTES, DRAWING
 INDEX, & MATERIAL SCHEDULE

SHEET NUMBER:

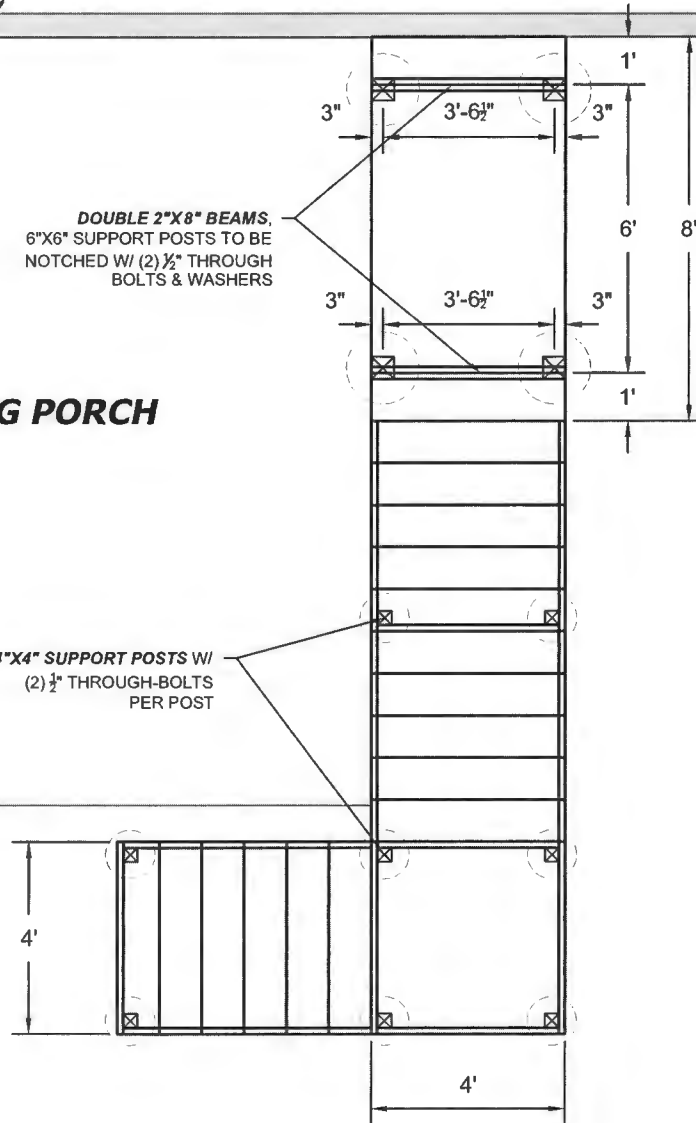
G1

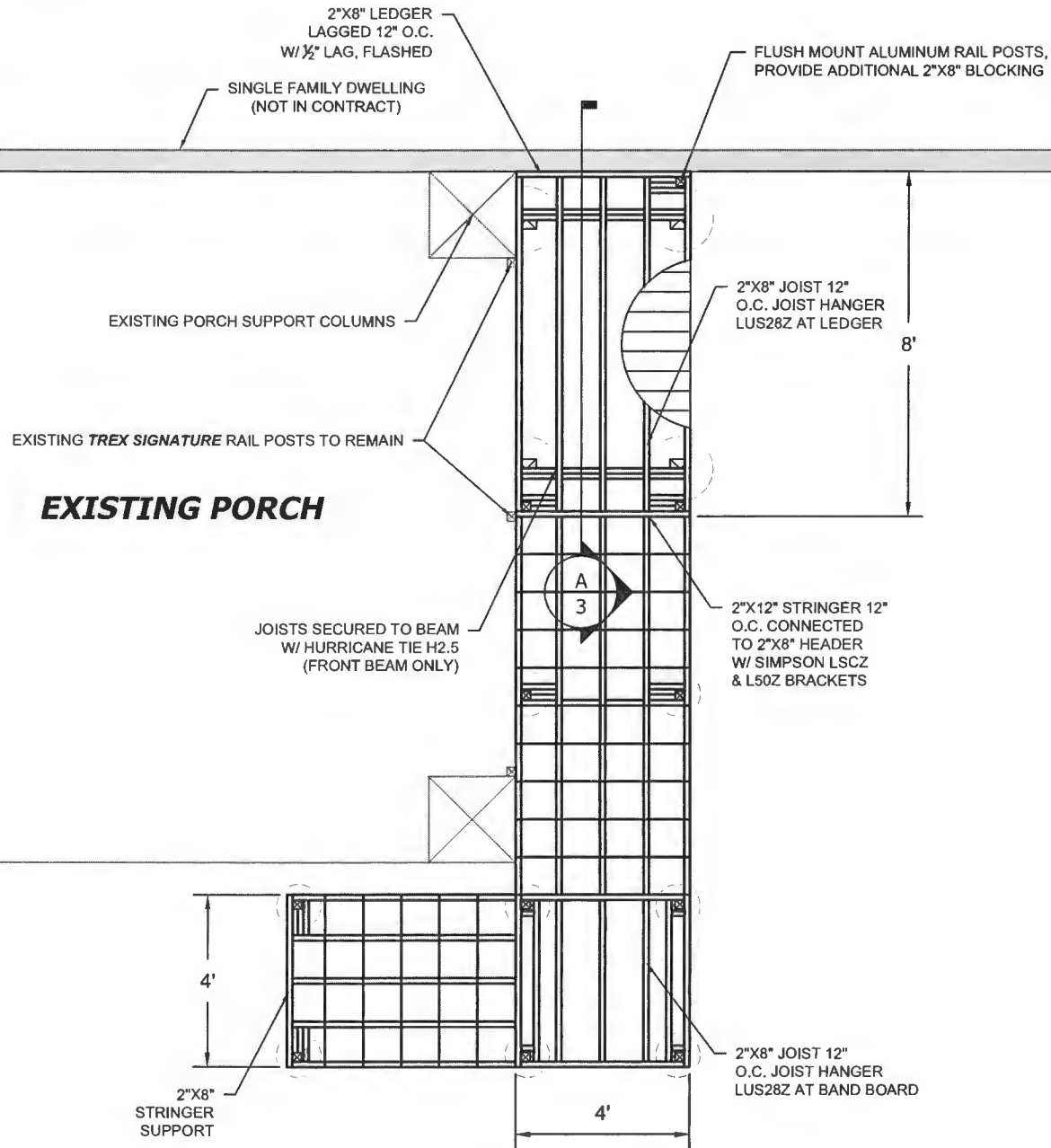
SINGLE FAMILY DWELLING
(NOT IN CONTRACT)

EXISTING PORCH

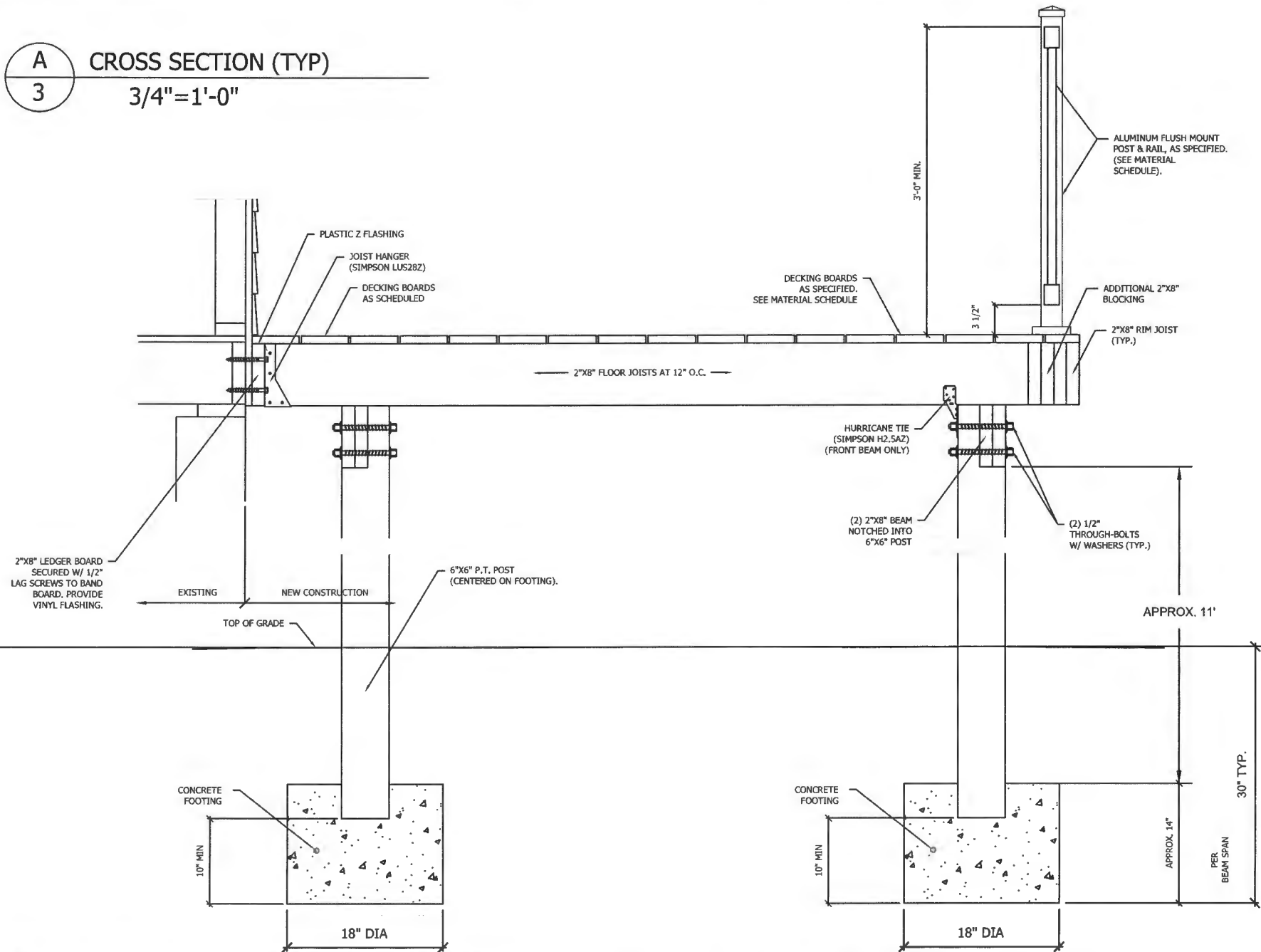
DOUBLE 2"x8" BEAMS,
6"x6" SUPPORT POSTS TO BE
NOTCHED W/ (2) 1/2" THROUGH
BOLTS & WASHERS

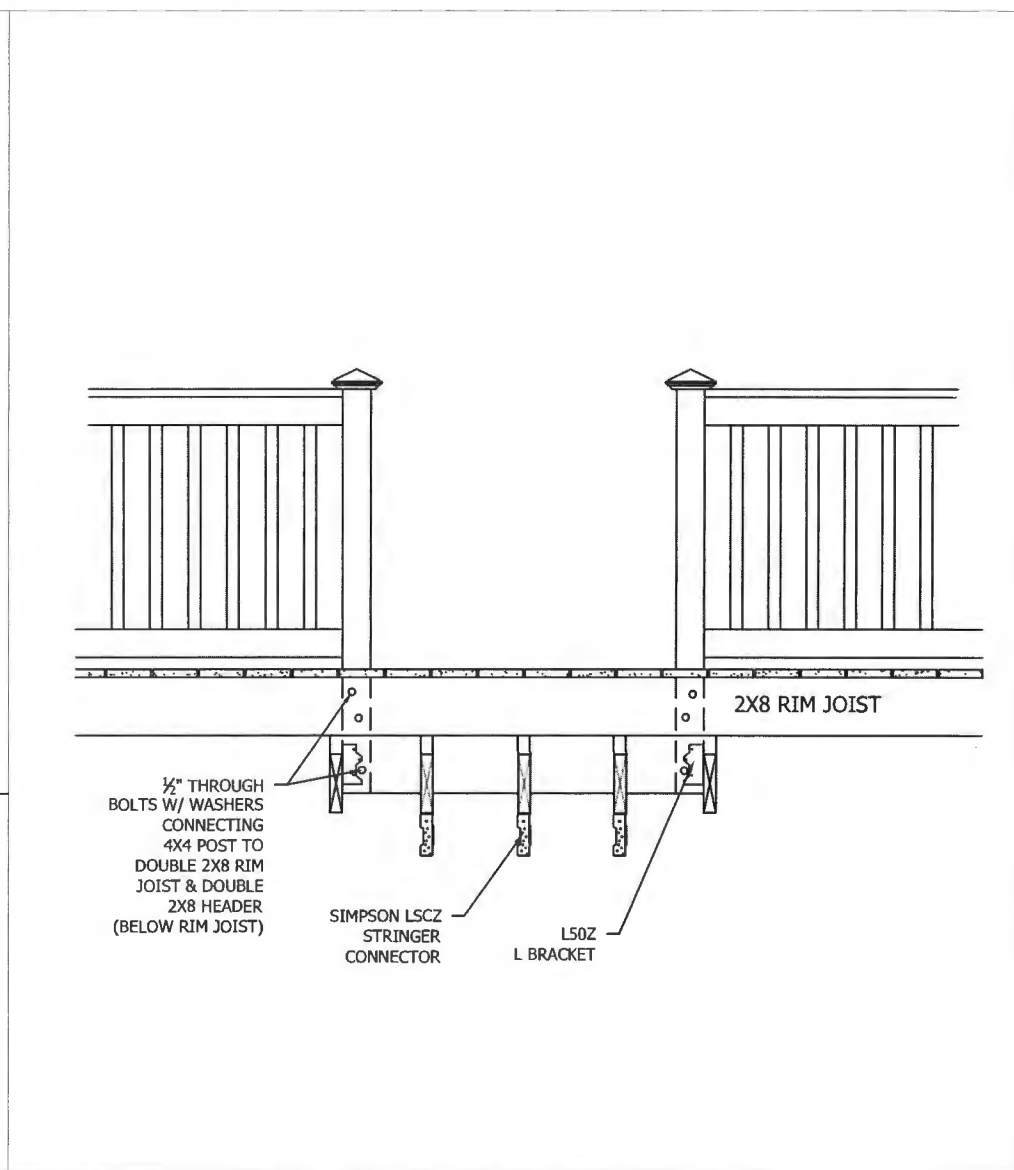
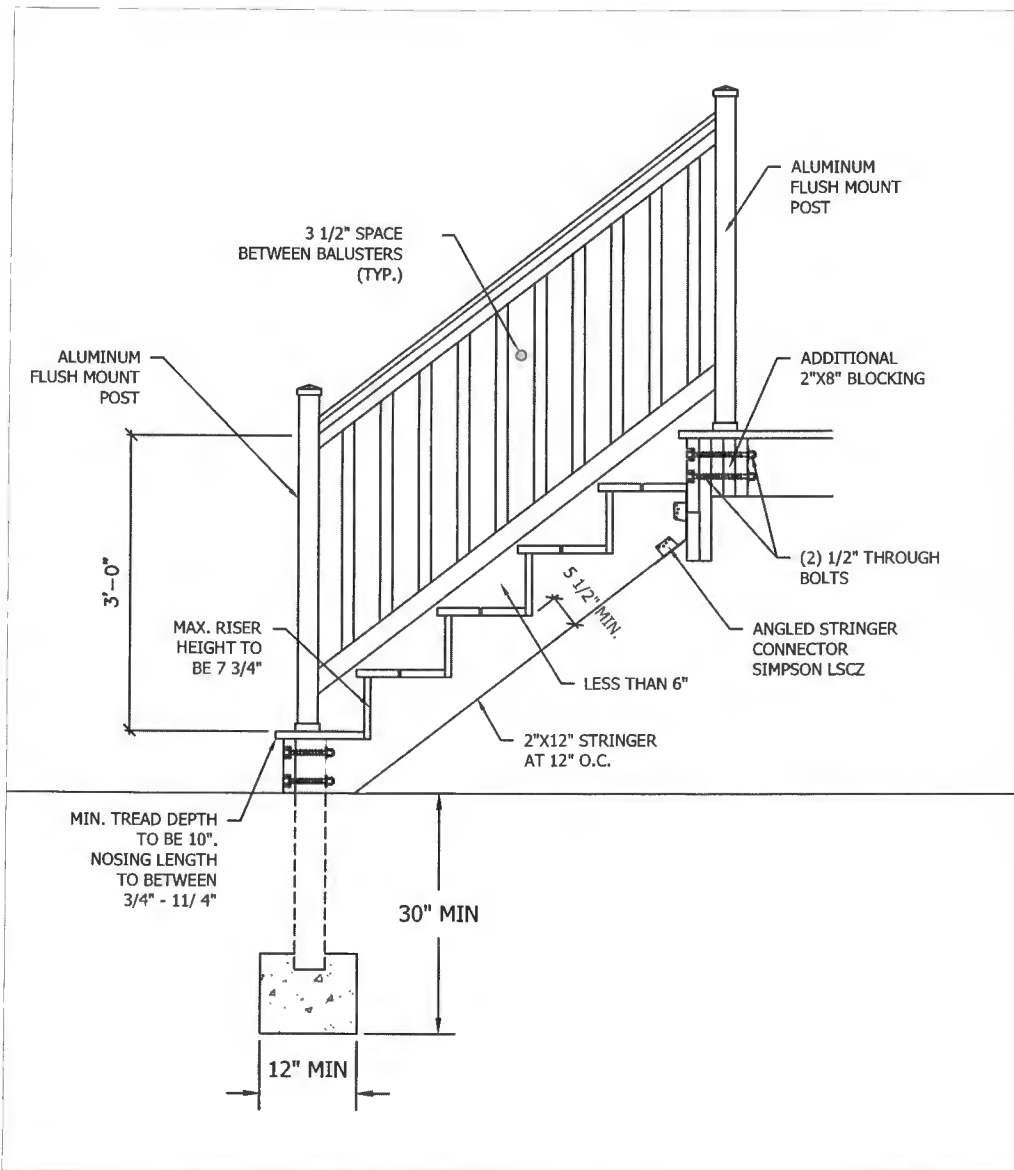
4"x4" SUPPORT POSTS W/
(2) 1/2" THROUGH-BOLTS
PER POST





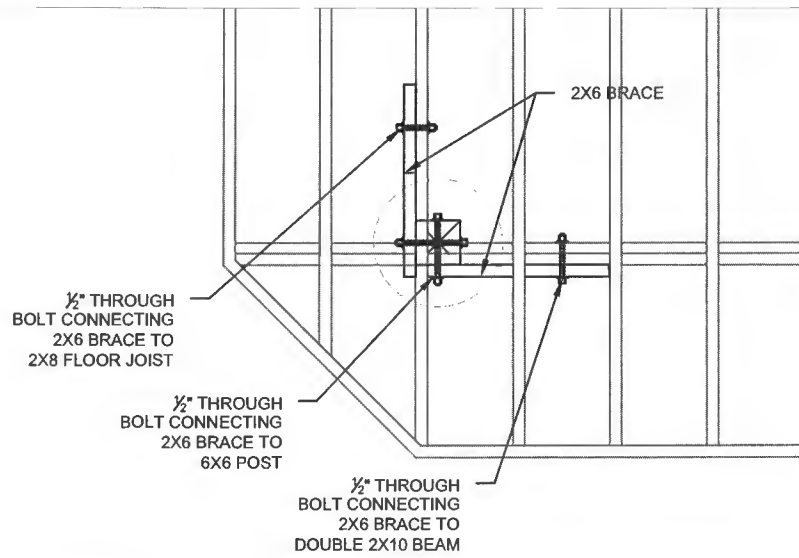
A
3 CROSS SECTION (TYP)
3/4" = 1'-0"





A STAIR DETAILS
4.1 1/2" = 1'-0"

A STRINGER CONNECTION
4.2 1/2" = 1'-0"

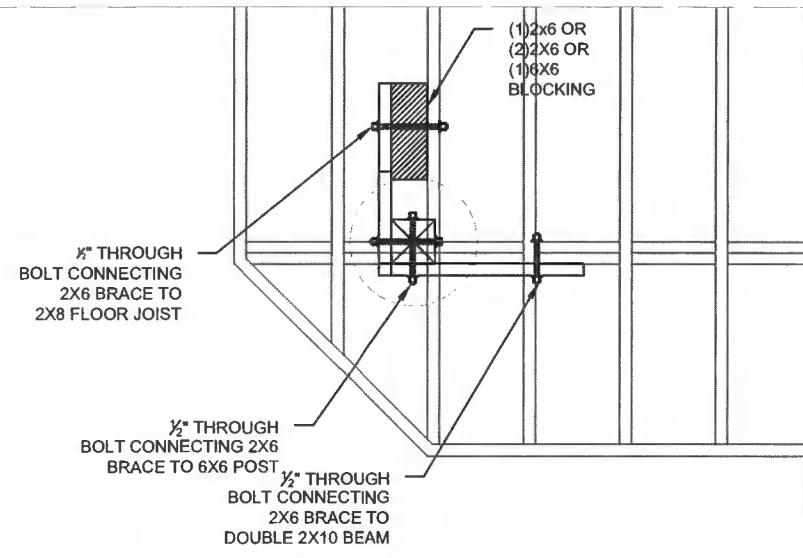


BRACE CONNECTION OPTION #1

A

5.1

1/2" = 1'-0"

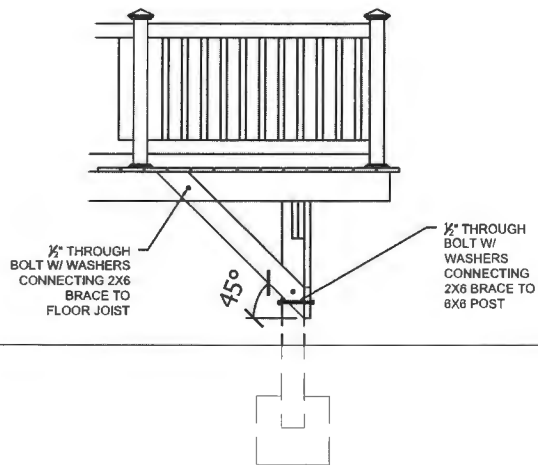


BRACE CONNECTION OPTION #2

A

5.2

1/2" = 1'-0"

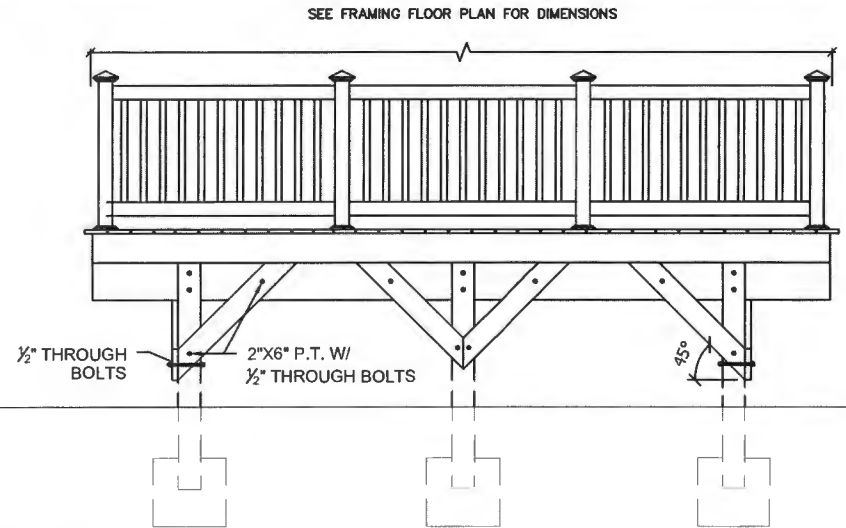


BRACE DETAIL

A

5.3

1/4" = 1'-0"



BRACE DETAIL

A

5.4

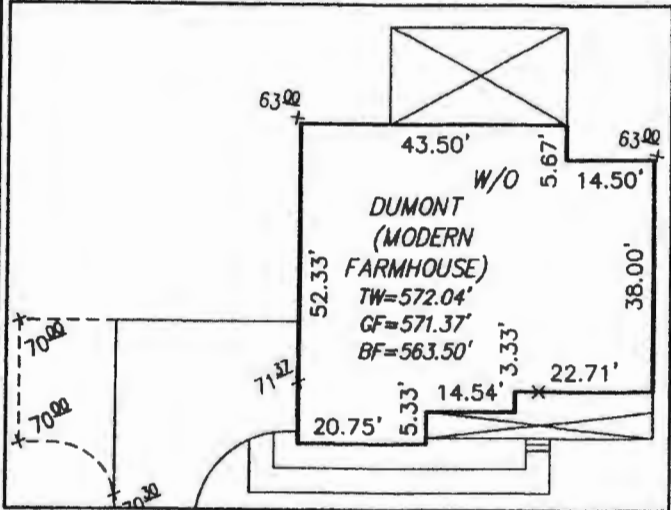
1/4" = 1'-0"

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21245, EXPIRATION DATE 1/27/23.

LEGEND:

- BUILDING RESTRICTION LINE
- WELL LOCATION
- TOP OF WALL
- GARAGE FLOOR
- BASEMENT FLOOR
- PASSED PERC LOCATION
- FAILED PERC LOCATION
- SEPTIC RESERVE AREA
- WELL BOX AREA
- PROPOSED TREE
- PROPOSED TREE
- PROPOSED TREE

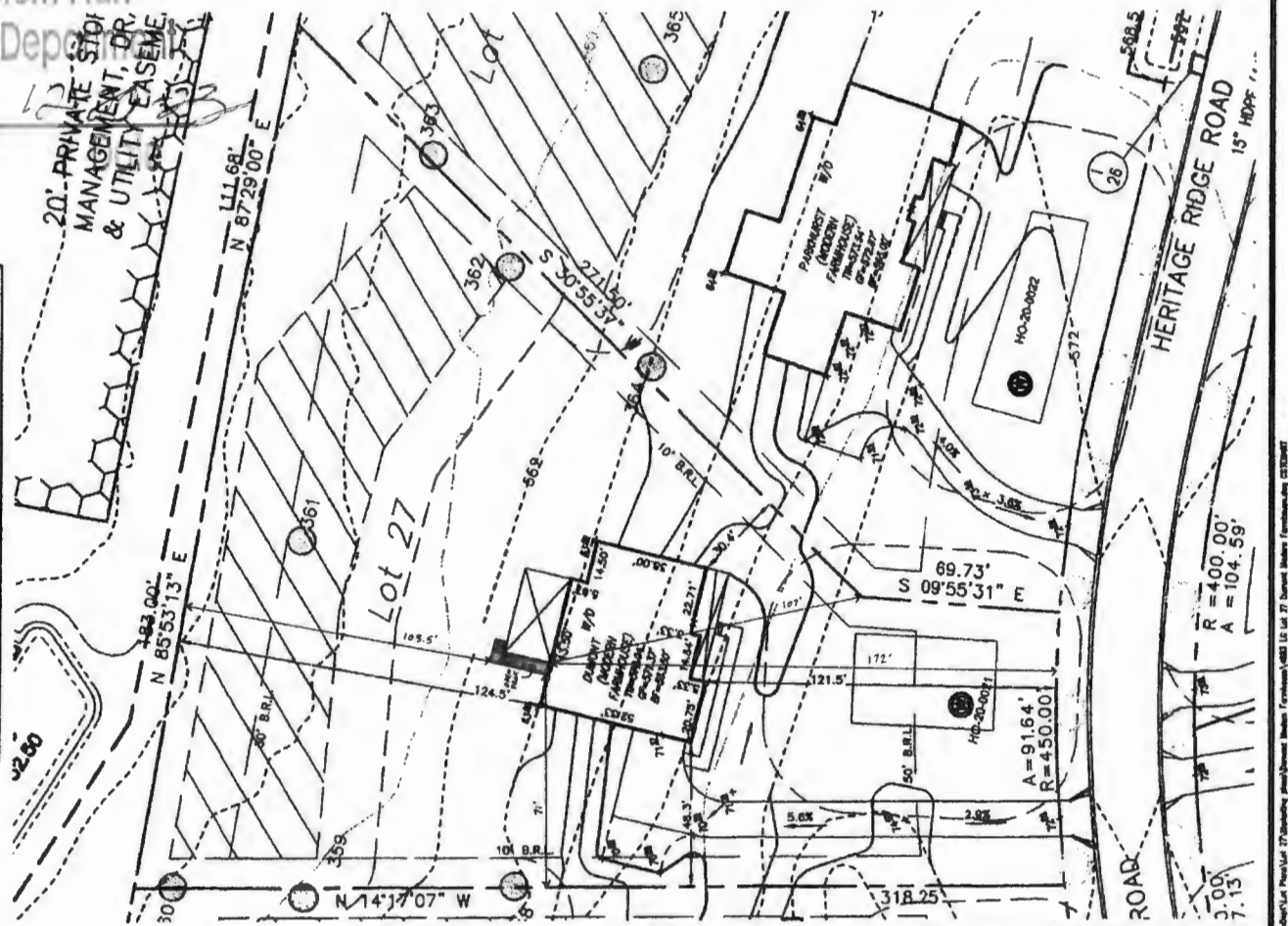
Approved Septic System Plan
 Howard County Health Department
 Bernard
 Signature



HOUSE ENLARGEMENT
 NOT TO SCALE

WELL NUMBER: HO-20-0021
 ADDRESS: 1429 HERITAGE RIDGE ROAD
 WOODBINE, MD 21797

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE
 DEVELOPMENT PLAN SETBACK DISTANCES SHOWN
 HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.



HOUSE TYPE: DUMONT (MODERN FARMHOUSE)
 TWO CAR SIDE ENTRY GARAGE
 FINISHED BASEMENT
 WALK-OUT BASEMENT
 OUTDOOR LIVING DECK - WALK-OUT
 ADDITIONAL POWDER ROOM IN BASEMENT
 DOUBLE WIDE DRIVEWAY TAIL (DASHED IN)

- OPTION No. 012
- OPTION No. 013
- OPTION No. 017
- OPTION No. 263169
- OPTION No. 263036
- OPTION No. 851

MARKETING PLOT PLAN
 LOT 27
LINDEN GROVE
 LIBER 15899, FOLIO 246
 PLAT NO. 25722
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND

ESE CONSULTANTS
 ENGINEERING • PLANNING • SURVEYING • ENVIRONMENT

ESE Consultants, Inc.
 7164 Columbia Gateway Drive • Suite 290 • Columbia, MD 21046
 T: 410-672-0606

DATE: 12/07/2021 SCALE: 1" = 40' FILE: 4683 LG LOT 27 Dumont MF
 CHK'D: GVS JOB NO: 4683 DRAWN: GVS

11/10/2021 10:00 AM C:\Users\GVS\Desktop\Projects\4683 LG Lot 27 Dumont MF\Marketing\4683 LG Lot 27 Dumont MF Marketing.dwg ESTD