

Menu Save Reset Cancel Help

Approved MRS
2/13/24

Record Detail * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/02/2024

Single Entry Edit-View Record Form

Application Name

B23004953

Description

SFD/ CONSTRUCT 17' X 22' OPEN DECK W/ LANDING AND STEPS CONNECTED TO 12' X 16' SCREENED PORCH W/ LANDING AND STEPS**ADDITIONAL MECHANICAL FASTNERS REQUIRED ON GUARD POSTS**

Online BP for review.
Record files are online,

2/13/24

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
<input checked="" type="checkbox"/>	12325		Fox Meadow	LN	West...	MD	21794			

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/Regi
<input checked="" type="checkbox"/>	Nicholas Barone	12325 Fox Meadow Ln.			West Friendship	MD	21794	410-812-5745	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Robert

Middle Name

Last Name *

Loewy

Home Phone (xxxx)xxx-xxxx

Organization Name *

North American Deck & Patio Experts, LLC.

Mobile Phone ((xxx)xxx-xxxx)

(240) 652-9373

E-mail

deckman65@comcast.net

Business Phone ((xxx)xxx-xxxx)

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

12/26/2023

Calendar icon

Due Date

12/28/2023

Calendar icon

Dates to Complete

14

(Number)

Received by Food

Calendar icon

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Calendar icon

Equipment Specification Sheet

Received by Community Hygiene

Calendar icon

Received by Well and Septic

12/26/2023

Calendar icon

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Calendar icon

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

Calendar icon

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

Calendar icon

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

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--

PRIVATE 24' USE IN COMMON ACCESS EASEMENT FOR LOTS 6 & 7

Closest water well cap will be 3' from

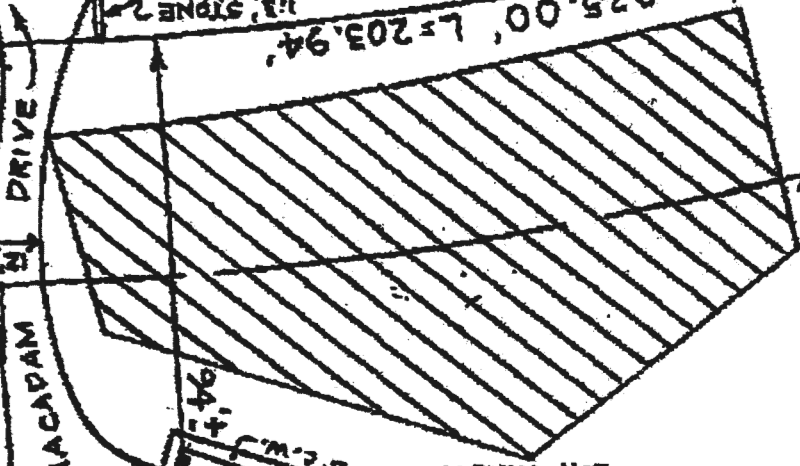
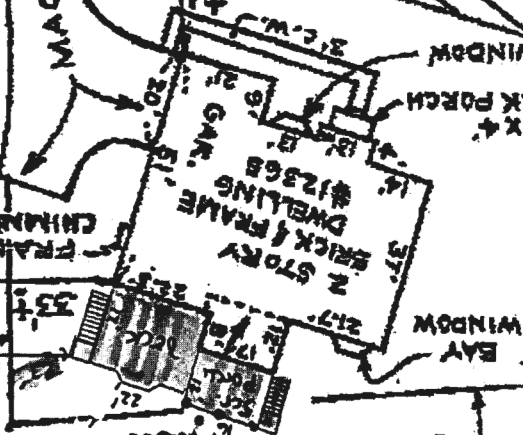
● water location

LOT 8
LOT 7
LOT 6
LOT 5

268.04' N 04° 08' 42" E

200.49'

581° 48' 25" E



OPEN SPACE
LOT 28

N 85° 20' 12" E

L=17.51'

R=750.00'

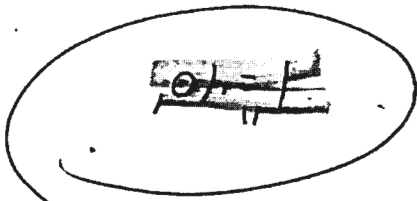
50' R/W

24' PAY.

FOX

LANE

MEADOW



THE LOT SHOWN HEREON IS IN FLOOD ZONE PER FEMA FLOOD INSURANCE RATE MAP 1740044 0022 R