

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #
EH-PLANS-24-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
Received

Opened Date
06/17/2024

Single Entry Edit-View Record Form

Application Name
B24001568

Description
SFD/ INSTALL 15'-1" X 43'-7" IN-GROUND FIBERGLASS POOL TO REAR YARD, DEPTH RANGE 7' 10.5" to 3'. AUTOMATIC POOL COVER. APPROX SQ FT 720.**WAIVER FOR POOL COVER IN LIEU OF FENCE APPROVED, SUBJECT TO FIELD INSPECTION**

Approved MRC
7/2/24

* Revision

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zeck Silvast v

Melanie

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"/>	12840		Brighto...	RD	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/Reg
<input type="checkbox"/> <input checked="" type="radio"/>	Douglas Orourke	12840 Brighton Dam Rd.			Clarkville	MD	21029	443-862-0618	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Charles

Middle Name

Last Name *
Levine

Home Phone ((XXX)XXX-XXXX)

Organization Name *
ChasEnAre Enterprises, LLC.

Mobile Phone ((XXX)XXX-XXXX)
(443) 355-7074

E-mail

chasnr@verizon.net
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 5/15/2024 Due Date 5/29/2024

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 6/17/2024

FACILITY INFORMATION

Name of Business (dba) NA (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 (Number) Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type --Select--

Plan Version --Select--

Signature Required Yes No

Engineer (Text)

Number of paper copies (Number)

Number of mylar copies (Number)

Number of buildable lots created (Number)

Number of non-buildable lots created (Number)

Total Number of Lots (Number)

Associated Plans (Number)

0
(Number)

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--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

Yes No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed