

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 03/08/2024

Application Name B23004812

Description SFD/ CONSTRUCT 20X15 ONE CAR GARAGE, 0 STORY, Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = Attached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method.

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department Current Department

Well and Septic Progr: Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast

Approved R/K 3/19/2024

Online BP. Had recent septic repair. 3/12/24

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"/>	12011		Catheri...	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/Re
<input checked="" type="checkbox"/>	Liu Rui	12011 Catherine Close Rd.			Clarksville	MD	21029	240-421-1062	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant

Primary Yes

First Name * Jie

Middle Name

Last Name * Zhang

Home Phone ((xxx)xxx-xxxx)

Organization Name *
 Beijing Construction Inc.
Mobile Phone ((xxx)xxx-xxxx)
 (301) 526-2118
E-mail
 QIANGZHAO668@GMAIL.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 3/7/2024 **Due Date** 3/12/2024
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
 3/7/2024

FACILITY INFORMATION

Name of Business (dba) * n/a (Text) **Does this project have a Building Permit?** Yes No
Associated Building Permit Number (Text) **Building Permit Issued Date**
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 Well? If Yes, forward to WS Program.** Yes No
Does the project include Private Septic? If Yes, forward to WS Program. Yes No **Does the project include Food Services? If Yes, forward to FP Program.** Yes No
Is this a Prototype Food Service Facility? If Yes, refer to State. Yes No **Facility Phone** 0 (Text)
Facility Fax 0 (Text) **Facility Email** 0 (Text)
Days of Operation 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

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

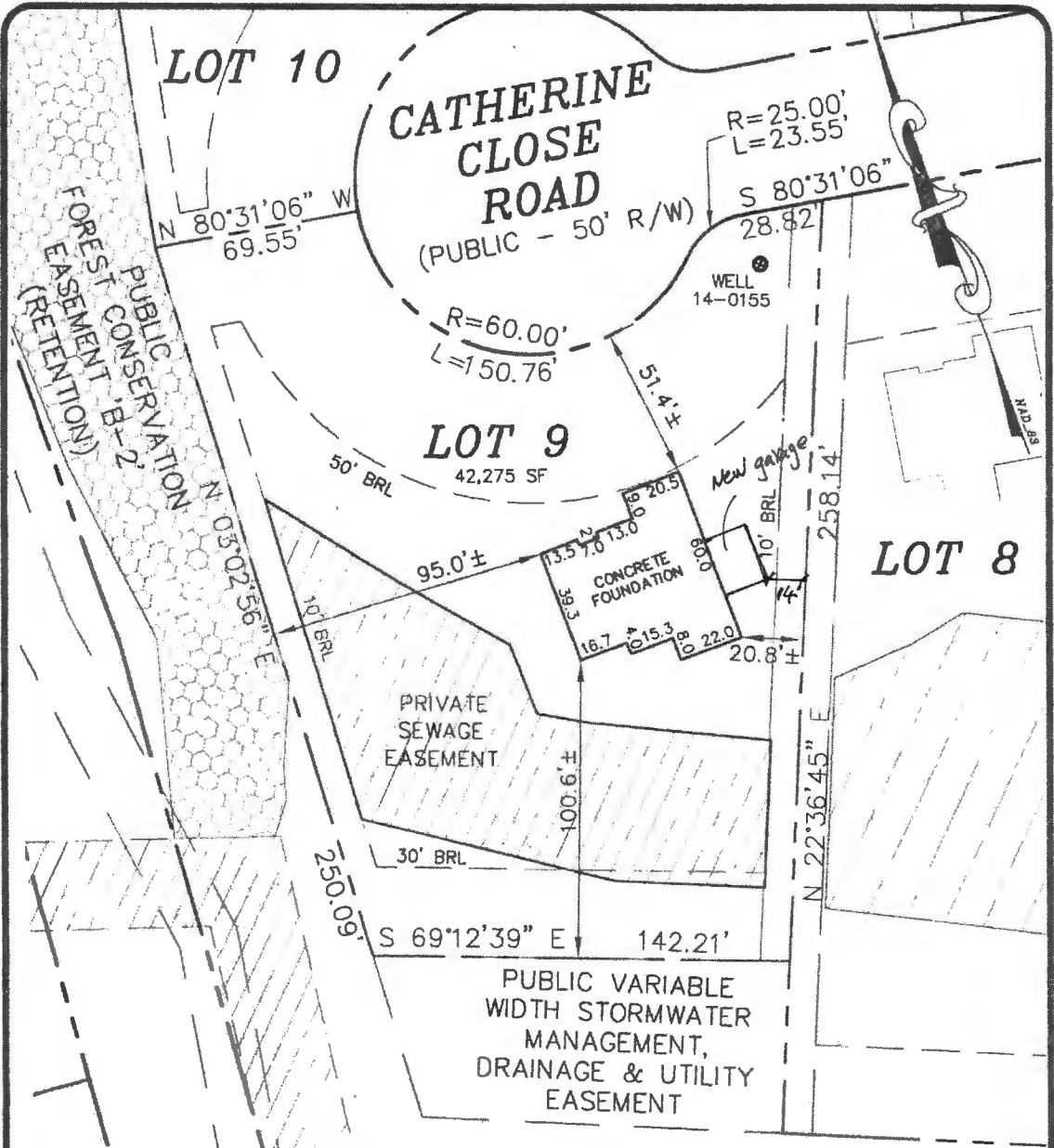
Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

Approved
 RME
 B23004812
 3/19/2023



**P/O NON-BUILDABLE
 PRESERVATION PARCEL 'B'**

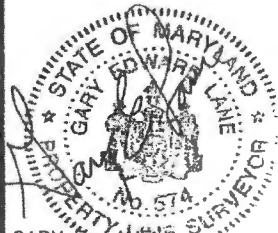
ADDRESS: 12011 CATHERINE CLOSE ROAD
 TOP OF WALL ELEV. = 553.6±
 FIRST FLOOR ELEV. = N/A

LOT 9
GREENBERRY
 PLATS 23453-23461
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 574, EXPIRATION DATE: 03/21/17.

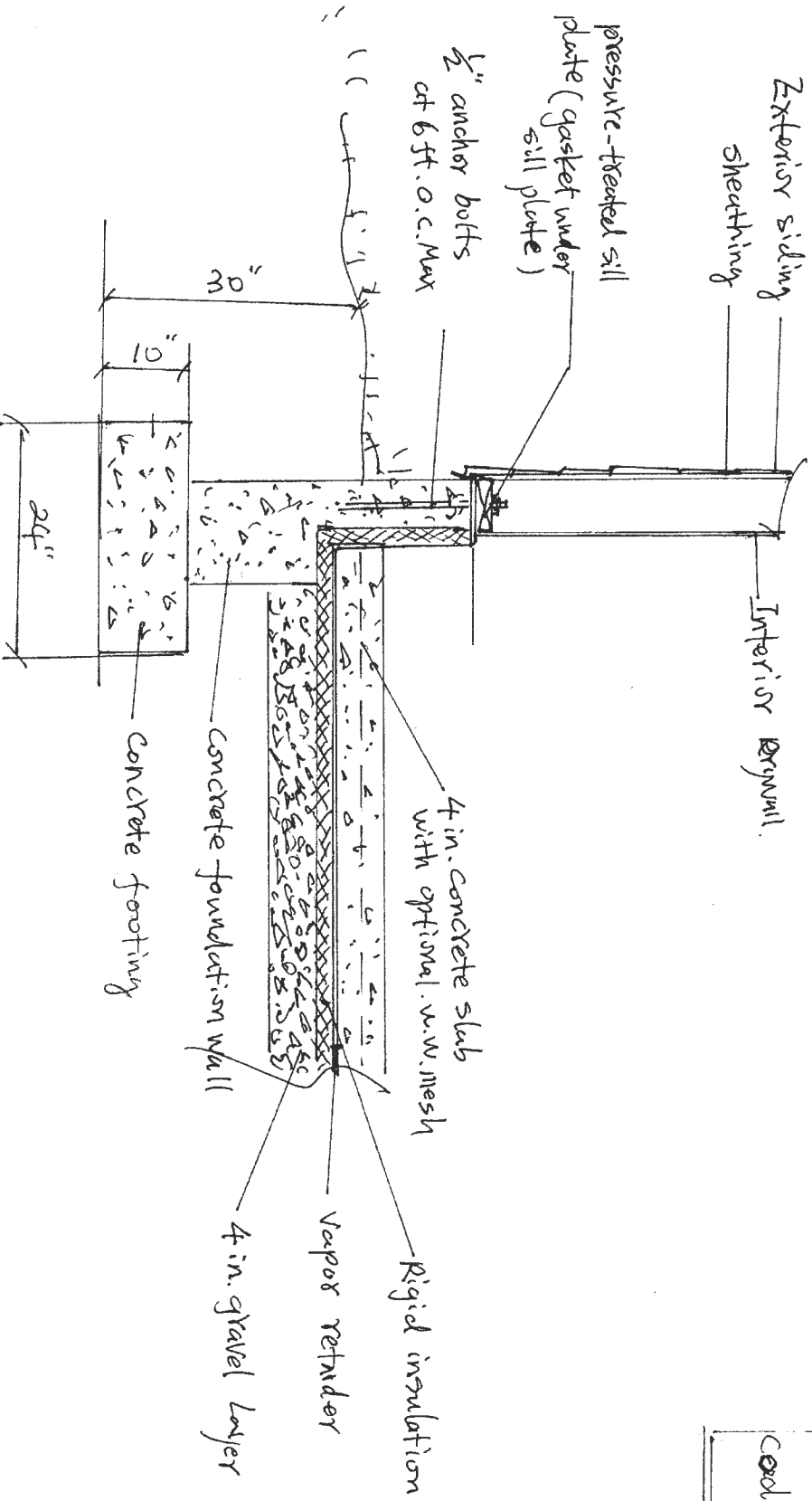
THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

**MILDENBERG
 BOENDER, & ASSOC., INC.**
 Engineers Planners Surveyors
 7950-B Crace Drive, Columbia, MD 21044
 (410) 997-0296 Balt. (410) 997-0298 Fax.



FOUNDATION	DATE: 11/21/16	FINAL LOCATION	DATE: N/A
DRAWN BY: MES	CHECKED BY: GEL	SCALE: 1"=50'	
PROJECT NO.:	15-005	LOCATION DRAWING	

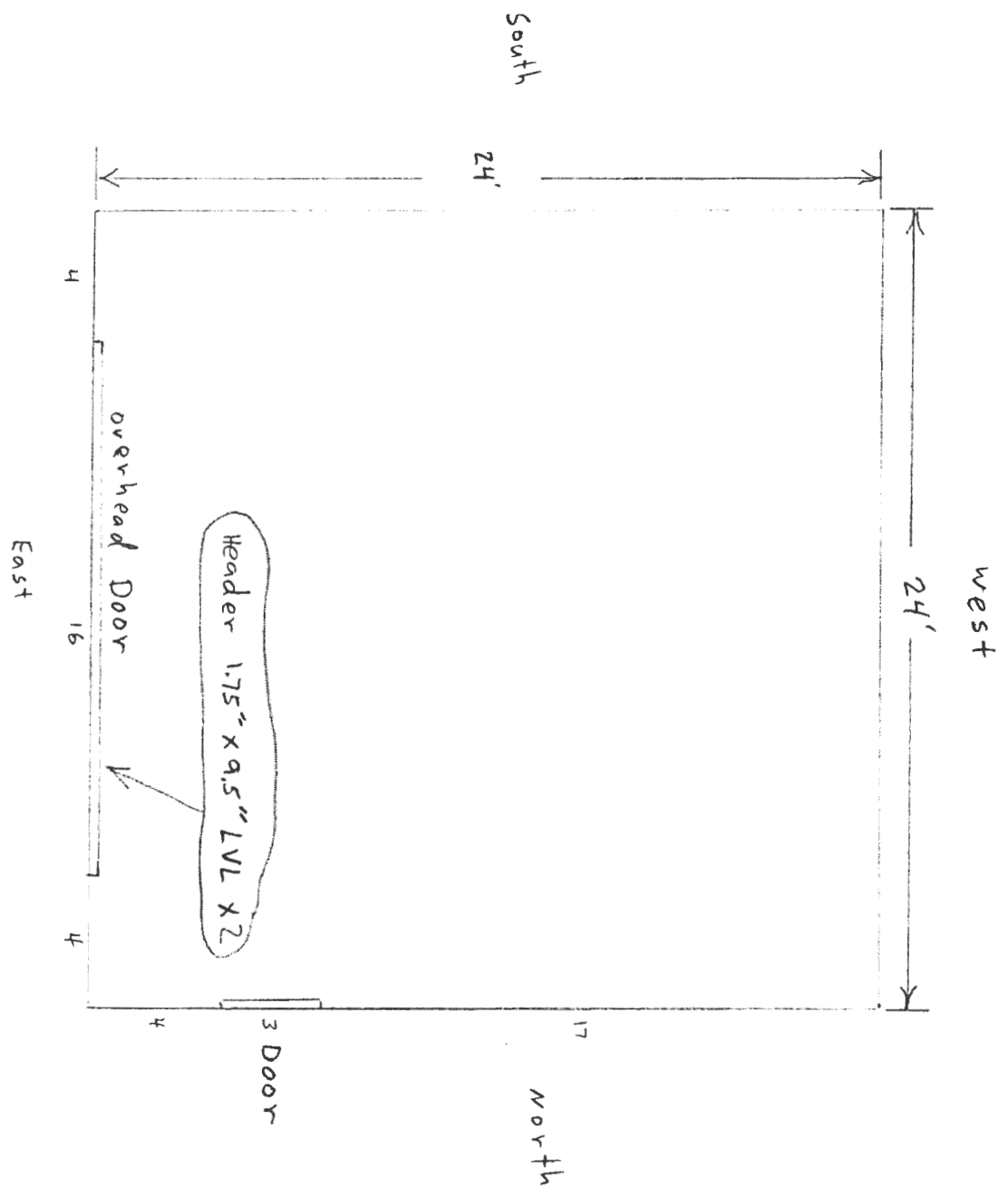
GARY E. BOHNE
 PROP. LINE SURVEYOR
 MARYLAND No. 574



Garage Foundation and concrete floor plan

owner	Rui - Lin
Sub	12011 Catherine close Rd
Address	clarksville MD 21029
Designer	Blang shuo
Code	Base on the 2018 MD Residential Code

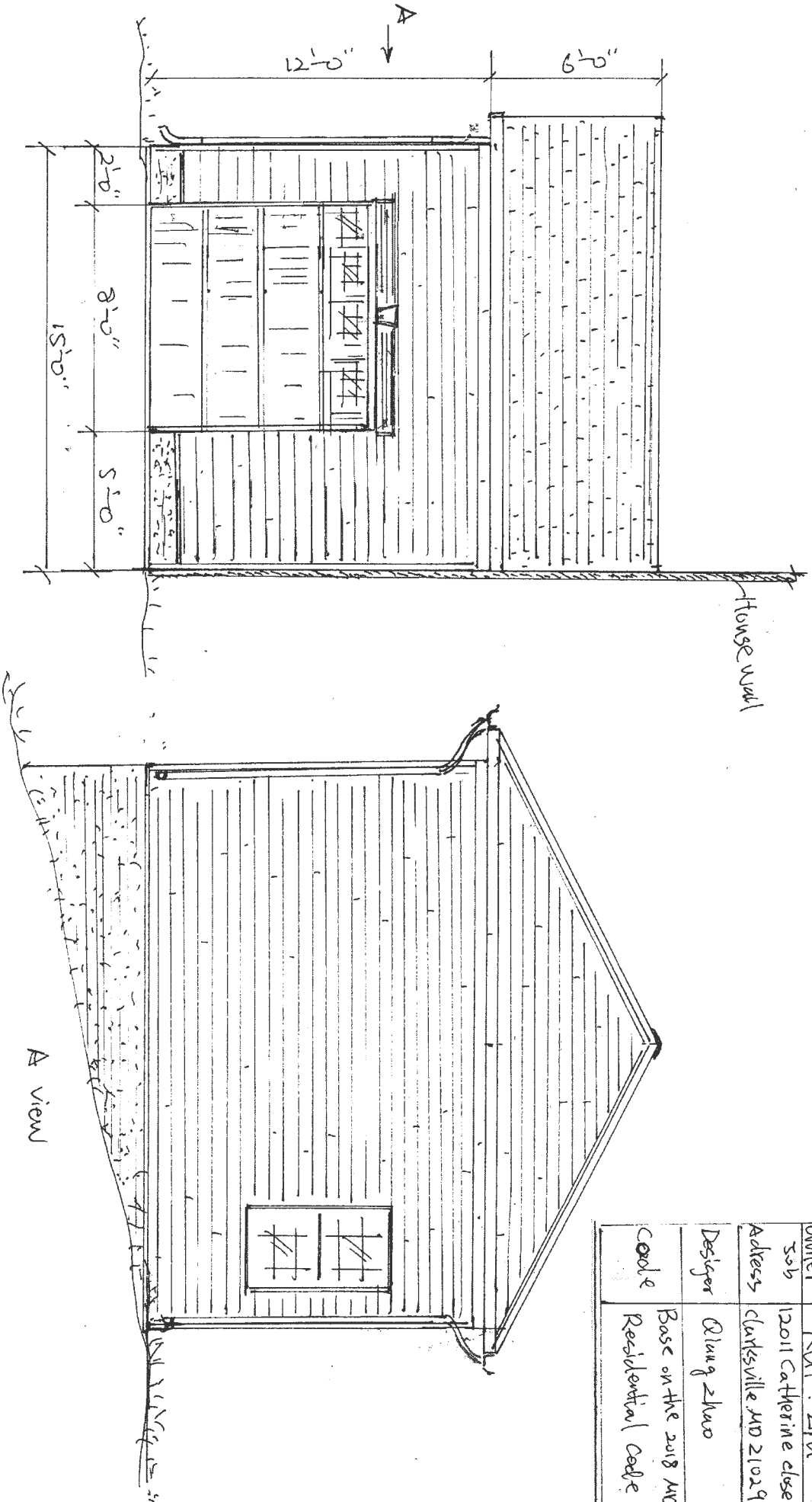
①



Floor Plan

6734 Whitegate Rd.
Clarksville MD
410-531-0001
John Seylar
2-13-2024

Garage view $\frac{1}{4}'' = 1'-0''$



Owner	Ravi. Lim
505	12011 Catherine close Rd
Address	clarksville MD 21029
Designer	Olung Zhuo
Code	Base on the 2018 MD Residential Code

Scope of Work

Job address:12011 Catherine Close Rd,
Clarksville ,MD 21029

Owner:RUI LIU

- 1) Building new one car 20'x15' garage.
- 2) The concrete foundation .
- 3) Farming job
- 4) Roof and shingle job.
- 5) Siding
- 6) Insulation job.
- 7) Electric job.
- 8) Drywall and painting job.
- 9) One door ,one window and garage door.
- 10)Open window install door from house to new garage.