

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 01/31/2024

Single Entry Edit-View Record Form

Application Name B23004502

Description SFD 42'X18' INGROUND CONCRETE POOL, DEPTH 3' TO 8', AUTO COVER, FILLED BY TRUCK *WAIVER REQUEST ATTACHED*

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 Zack Silvast

* Expedite *

Online BF assigned to HIC. Records online. g & 1/31/24

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 type="checkbox"/> <input checked="" type="radio"/>	7641		Green Dell	LN	High...	MD	20777				

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/Region
<input type="checkbox"/> <input checked="" type="radio"/>	Michael Boteler	7641 Green Dell Ln.			Highland	MD	20777	410-430-7544	US

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type Applicant

Primary Yes

First Name Karen

Middle Name

Last Name Rowley

Home Phone XXX XXX XXXX

Organization Name

KH & K

Mobile Phone (xxxjxxx-xxxx)

(410) 507-7705

E-mail

KHKPERMITS05@YAHOO.COM

Business Phone (xxxjxxx-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

11/16/2023

Due Date

11/26/2023

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

11/16/2023

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

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

(Number)

Total number of open space lots to be recorded

(Number)

Total number of bulk parcels to be recorded

(Number)

Total number of lots / parcels to be recorded

(Number)

New buildable lots created

(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 copes

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--



R=1425.00
L=14.43'
CHD=S 22°24'05" W 14.43'

R=265.00
L=70.00
CHD=S 22°29'27" W 69.79'

GREEN DELL LANE

LOT 29
3810 AC ±

SURVEY
OF
LOT 29
SECTION 2, AREA 1
LIME KILN VALLEY

RECORDED IN PLAT NO. 9654
7641 GREEN DELL LANE
5TH ELECTION DISTRICT, HOWARD CO. MD
TAX MAP 40 GRID: 23 PARCEL: 490

*NO FENCE ANTICUMEN
IN LINES OF FENCE*

*TEMPORARY FENCE
AROUND SEPTIC TANK
AND TEMPORARY FENCE
BETWEEN POOL AND
SEPTIC RESERVE AREA*

*TEMPORARY FENCE
AROUND WELL*

*STEEL PIPE AND SPOOLS
50% STRY, 50% LEAD
210 CUBIC YARDS*

□=STAKE SET ON PROPERTY LINE AUGUST 15, 2021

NOTE:
THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT

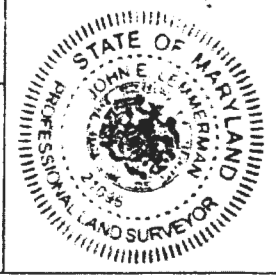
NOTE:
A LICENSEE EITHER PERSONALLY PREPARED THIS BOUNDARY SURVEY OR WAS IN RESPONSIBLE CHARGE OVER ITS PREPARATION AND THE SURVEY WORK REFLECTED IN IT IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN §13.06.12 OF THE ANNOTATED CODE OF MARYLAND

REVISIONS	
DATE	REASON

JOHN E. LEMMERMAN
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 21095
EXP. 3-3-23

TITLE REFERENCE

MICHAEL BOTELER
LAUREN BOTELER
M.D.R. 14439 - 300
NOVEMBER 7, 2012



142 EAST MAIN STREET WESTMINSTER, MD 21157
410-348-2040 FAX 410-299-8942 410-375-1222
EMAIL RTF142@GMAIL.COM WWW.RTFSURVEYING.COM

CHECKED BY: JEL/SP DATE: 08-25-2021
DRAWN BY: AR DATE: 08-24-2021
SCALE: 1" = 120' RTF JOB#: 21-122