

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 02/09/2024

Single Entry Edit-View Record Form
Application Name B24000296

Description SFD/ CONSTRUCT 14x25 open deck w/ steps

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Assigned to Department Well and Septic Progr
Assigned to Staff Zack Silvast

Approved 2/13/24 -HO.

Online BP records in public file search.

gs 2/13/24

Address * (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 1730, Archers..., Syke..., MD, 21784

Parcel (This section is not required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Row 1: 0 record(s) found.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region. Row 1: Tiffany Chun, 1730 Archers Glenn, Sykesville, MD, 21157, 21784, US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type Applicant

Primary Yes

First Name Garrick

Middle Name

Last Name Hoffman

Home Phone

Organization Name *
 Archway Remodeling, Inc.
Mobile Phone ((XXX)XXX-XXXX)
 (410) 259-5068
E-mail
 ARCHWAYS@YAHOO.COM
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
02/09/2024

Due Date
2/13/2024

Dates to Complete
14
(Number)

Received by Food

Food Review Type
--Select--

Equipment Specification Sheet

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba)
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does this project have a Building Permit?
 Yes No

Building Permit Issued Date

Non-Profit

Does the project include 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

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 Fax
0 (Text)

Facility Phone
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

Proposed Septic System Type

--Select--

Coordinate State Review

Yes No

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

License Category

--Select--

Licensed Type

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

If Operating Seasonally, What is the start month?

(Text)

Operating Seasonally Only

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)

Bar Seating Capacity

(Text)

Does the restaurant have outdoor seating?

Yes No

Interior Restaurant Seating Capacity

(Number)

Outdoor Seating Capacity

(Text)

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Is there a bulk ice machine available?

Yes No

Description of Walk-In Freezer Units

(Text)

Space Limitation

Number of Hand Sinks Available

(Number)

Ventless Equipment

(Text)

Hood System

(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--

