

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 12/30/2024

Single Entry Edit-View Record Form

Application Name B24004803

Description SFD/ CONSTRUCT NEW 18'X21' PAVILION W/ 6'X8' POWDER ROOM (430 SF TOTAL); MASONRY FIREPLACE; MASONRY PIZZA OVEN, 1 STORY, Post & Pier, 0R, 0FB, 1HB, 2FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

Online BP. gl 1/2/25

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 v

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"/>	3915		Clarks ...	DR	Syke...	MD	21738				

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"/>	Helen Clark	3915 Clarks Meadow Drive			Glenwood	MD	21738	410-428-7126	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant v

Primary Yes v

First Name * Dan

Middle Name

Last Name * Murphy

Home Phone ((XXX)XXX-XXXX)

Organization Name *

Rhine Landscaping

Mobile Phone ((XXX)XXX-XXXX)

(410) 442-2445

E-mail

dan@rhinelandscaping.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

12/27/2024

Due Date

1/14/2025

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

12/27/2024

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

--Select--

Sewage Disposal

--Select--

Design Wastewater Flow

(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 ▾	Plan Version Initial ▾
Signature Required <input type="radio"/> Yes <input type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copies 0 (Number)
Number of buildable lots created 0 (Number)	Number of non-buildable lots created 0 (Number)
Total Number of Lots 0 (Number)	Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> 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

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling rafters exposed ?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

Eshenbaugh, Melanie

From: Eshenbaugh, Melanie
Sent: Friday, January 10, 2025 3:37 PM
To: dan@rhinelandscaping.com
Subject: B24004803

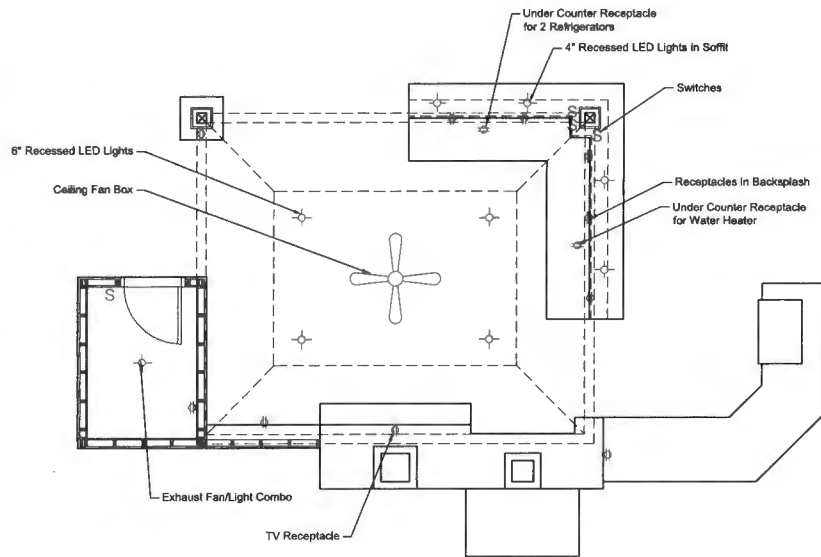
Good afternoon, upon review of your plans for the proposed pavilion, and existing HD septic system records on file, we are requesting that additional information be submitted to facilitate our review of your building permit. Please revise the plot plan illustrating how the powder room plumbing will be tied into the existing septic system. Also, a sewer line house connection septic permit needs to be pulled before the HD can approve the building permit. After review and approval of the revised plot plan, an MDE licensed septic contractor can then submit the request with the HCHD for the proposed powder room sewer house connection permit in our office with payment in the amount of \$228.00. Thank you kindly and have a wonderful weekend.

Melanie Eshenbaugh
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
www.hchealth.org



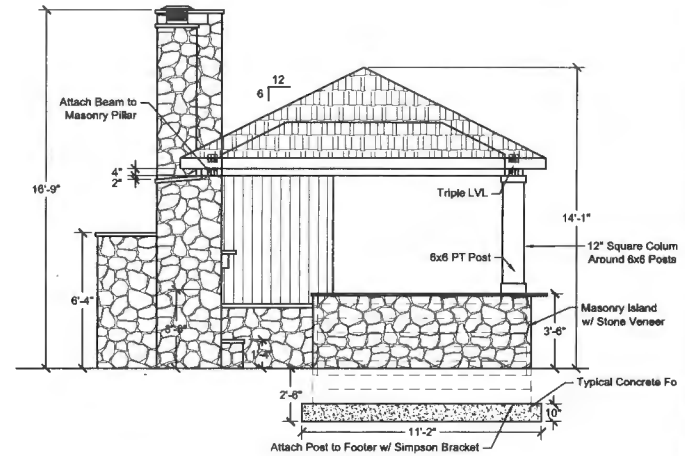
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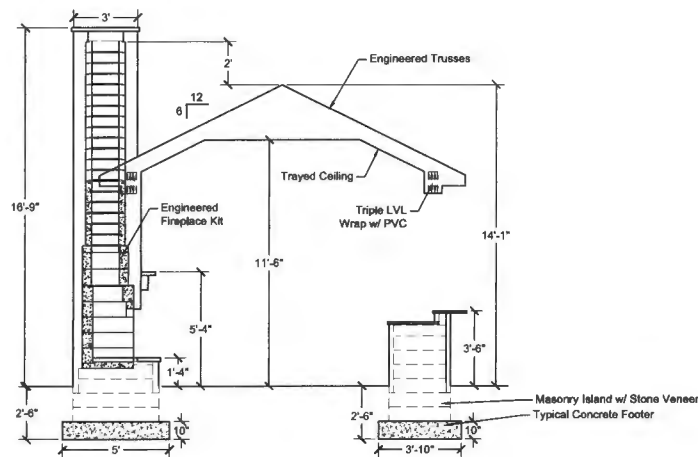
Electric Plan

Scale: 1/4" = 1'-0"



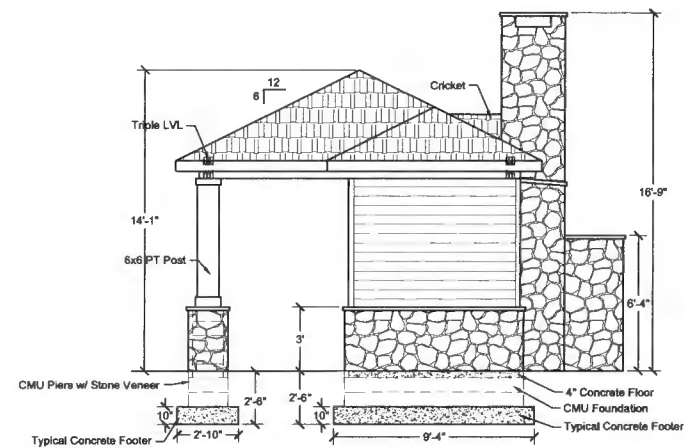
Left Side Elevation

Scale: 1/4" = 1'-0"



Section

Scale: 1/4" = 1'-0"



Right Side Elevation

Scale: 1/4" = 1'-0"

Printing/Revision	Date

SHC
Punt