

Menu Save Reset Cancel Help

Record Data * (This section is required.)

Case #

EH-PLANS-24-0

Type

Env/Health/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

03/25/2024

Single Entry Edit-View Record Form

Application Name

B24000902

Description

SFD/ finish basement TO CREATE: READING ROOM, EXERCISE ROOM, UTILITY ROOM, BATHROOM, CLOSET, AND TWO SITTING ROOMS the sf area is about 1,650 sf.**SLEEPING ROOMS MUST MEET EGRESS REQUIREMENTS, SUBJECT TO FIELD INSPECTION**

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

Approved Septic System Plan
Howard County Health Department

D. Bernard 4-12-24
Signature Date

B24000902

Online BP.

ZS 3/26/24

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"/>	12202		Basslers	WAY	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/Region
<input type="checkbox"/> <input checked="" type="radio"/>	SI WEIJIE	12202 Basslers Way			Clarksville	MD	21029	443-538-8674	US

12204

Basslers Way Jun

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Jun

Middle Name

Last Name *

Tang

Home Phone (000)000-0000

Organization Name *
 SUNNY LLC
 Mobile Phone ((XXX)XXX-XXXX)
 (301) 366-3437
 E-mail
 TANGJUN_8@YAHOO.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 3/22/2024 Due Date 3/27/2024
 Dates to Complete 14 Received by Food
 (Number)
 Food Review Type --Select-- Equipment Specification Sheets Submitted
 Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba) 0 (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 Permit Type --Select--
 (Number)

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

Yes 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

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--