

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  
07/23/2024

Single Entry Edit-View Record Form

Application Name  
B24002689

Description  
SFD//CONSTRUCT A 26'X40' IRREG SHAPED DECK W/STEPS (860 SQFT)

Due 8/6  
Approved R/E  
7/30/2024

Total Invoiced  
0.00

Total Paid  
0.00

Balance  
0.00

Online BP.  
gjs 7/25/24

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>					1995		Saint J...	RD	Marr...	MD	21104				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract		
<input type="checkbox"/>	<input checked="" type="checkbox"/>															

0 record(s) found.

Owner (This section is not required.)

Search	Delete	Set Primary												
<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>			Kelsey Hersey	1995 Saint James Rd.			Marriottsville	MD	21104	443-812-1733	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 \*  
Michelle

Middle Name

Last Name \*  
Clancy

Home Phone (p000)000-0000

**Organization Name**  
 Applied & Approved Permits, LLC.  
**Mobile Phone** (XXX XXX-XXXX)  
 (443) 340-1229  
**E-mail:**  
 michelle@appliedand approved.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**  
7/23/2024  
**Due Date**  
8/6/2024  
**Dates to Complete**  
14  
(Number)  
**Food Review Type**  
--Select--  
**Equipment Specification Sheet**  
**Received by Food**  
**Equipment Specification Sheets Submitted**  
**Received by Community Hygiene**

**Received by Well and Septic**  
7/23/2024

**FACILITY INFORMATION**

**Name of Business (dba)**  
NA (Text)  
**Associated Building Permit Number**  
(Text)  
**Owner Switch Date**  
(Text)  
**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**  
(Text)  
 **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  
**Design Wastewater Flow**  
0  
(Number)  
**Sewage Disposal**  
Private  
**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)  
**PLAT Type**  
--Select--  
**Date PLAT signed by Health Officer**  
(Text)

**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**

(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 an outdoor seating area?**

Yes  No

**Full Bar?**

Yes  No

**RESTAURANT AND FOOD SERVICE**

**Food Service Facility Secondary Category**

--Select--

**Number of Restrooms**

(Number)

**Bar Seating Capacity**

(Text)

**Does the restaurant have outdoor seating**

Yes  No

**Total Seating Capacity**

(Number)

**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--

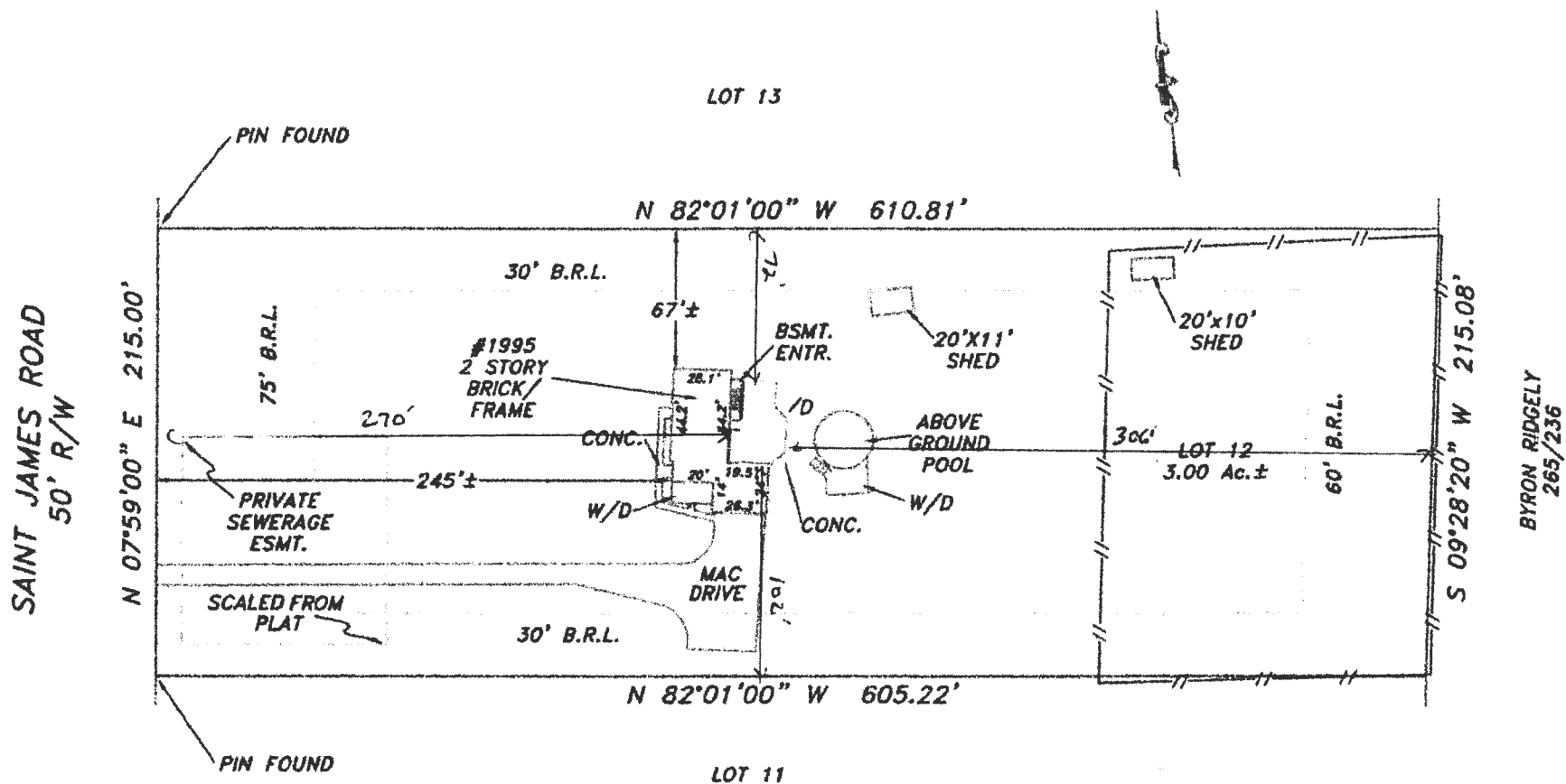
**REFUSE AND RECYCLABLES**

**Dumpsters Located on a impervious surface?**

--Select--

**Will there be a grease receptacle?**

--Select--



- NOTE: 1) THE FENCE APPEARS TO LIE AT, NEAR, OR OVER THE PROPERTY LINE.  
2) THE MACADAM DRIVE APPEARS TO LIE OVER THE PRIVATE SEWAGE EASEMENT.

The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:

LOT 12, FINAL PLAT  
"SLACK ESTATES"

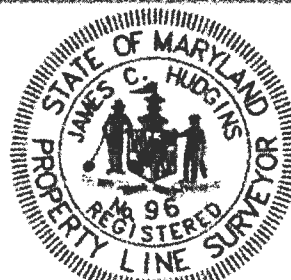
recorded among the land records of Howard County, Maryland in  
lot Number 4736

PREPARED FOR:

**DEFINITIVE**

WWW.DEFINITIVETITLE.COM (433) 874-5900

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



James Carl Hudgins  
Property Line Surveyor #96  
Expiration Date: 3/11/2020

**LOCATION DRAWING**  
1995 SAINT JAMES ROAD  
3rd ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND



NTT Associates, Inc.  
16205 Old Frederick Rd.  
Mt. Airy, Maryland 21771  
Phone: (410) 442-2031  
Fax: (410) 442-1315  
www.nttsurveyors.com

Scale: 1" = 80'  
Date: 3/19/2018  
Field By: CT/SB  
Drawn By: SLM  
File No.: DT18-03009  
Page No.: 1 of 2