

NOV

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Record Detail \* (This section is required.)

Case # EH-PLANS-24-0
Type EnvHealth/Environmental Health/Plan Check/Application
Status In Review

Opened Date 02/14/2024
Single Entry Edit-View Record Form
Application Name B24000458

Description NOV/ SFD/ Construct a 8ft privacy fence fence connected to existing detached garage. Project address is 18235 penn shop road, mount airy md 21771. Fence to be a total length of 112ft long with two 4' gates.

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Online BP assigned to DB. g8 2/16/24

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

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: 18235, Penn Shop, RD, Mt. Airy, MD, 21771.

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. Note: 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/Re. Row 1: Russell McCampbell, 18235 Penn Shop Rd., Mt. Airy, MD, 21771, US.

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact
Single Entry Applicant Form
Type Applicant
Primary Yes
First Name Russell
Middle Name
Last Name McCampbell
Home Phone

Approved Septic System Plan
Howard County Health Department
Signature: [Handwritten Signature] Date: 2-21-24
B 24000458

Organization Name \*

n/a

Mobile Phone (443) 864-3010

(443) 864-3010

E-mail

Business Phone

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

2/14/2024

Due Date

02/14/2024

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

FACILITY INFORMATION

Name of Business (dba)

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

(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

(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

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

02/14/2024

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 copes

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--

