

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 02/14/2024

Single Entry Edit-View Record Form

Application Name B24000416

Description SFD/ INSTALL 6 FOUNDATION PIERS TO STABILIZE FRONT / PORCH

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department Current Department

Well and Septic Progn

Assigned to Staff Current User Zack Silvast

Online BP assigned to DB. 2/8 2/16/24

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 checked="" type="checkbox"/>		3268		Danmark	DR	Glen...	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/Region
<input checked="" type="checkbox"/>		Daniel Ringer	3268 Danmark Drive			Glenwood	MD	21738	301-854-4837	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type Applicant Primary Yes

First Name Brian

Last Name Black

Home Phone

Approved Septic System Plan
Howard County Health Department
Bernard 2-21-24
Signature Date
B24000416

Organization Name

JES Construction LLC.

Mobile Phone (xxx xx xxx)

(402) 278-4046

E-mail

BBLACK@GROUNDWORKS.COM

Business Phone (xxx xxx)

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

Calendar icon

Due Date

2/16/2024

Calendar icon

Dates to Complete

14

(Number)

Received by Food

Calendar icon

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Calendar icon

Equipment Specification Sheet

Received by Community Hygiene

Calendar icon

Received by Well and Septic

2/14/2024

Calendar icon

FACILITY INFORMATION

Name of Business (dba)

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Calendar icon

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

Calendar icon

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

Public

Sewage Disposal

Public

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

Calendar icon

PLAT Type

--Select--

DEVELOPMENT PLANS

Property Type
Residential

Signature Required
 Yes No

Number of paper copies
0

Number of buildable lots created
0

Total Number of Lots
0

Plan Version
Initial

Engineer
0

Number of mylar copies
0

Number of non-buildable lots created
0

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)

Full Bar?
 Yes No

Operating Seasonally Only

Are pets allowed in a outdoor seating area?
 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

Number of Walk-In Refrigerator Units
(Number)

Is there a bulk ice machine available
 Yes No

Number of Hand Sinks Available
(Number)

Ventless Equipment
(Text)

Description of Refrigeration Units

Description of Walk-In Freezer Units
(Text)

Space Limitation

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--