

Menu Save Reset Cancel Help

Record Detail (This section is required.)

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

Status Received

Opened Date 02/29/2024

_Single Entry Edit-View Record Form

Application Name B24000571

Description SFD/ REBUILD AFTER FIRE - REPLACE SECTION OF ROOF, FASCIA, SOFFIT, GUTTERS.; REPLACE CHARRED FRAMING; INSULATE WALLS AND ROOF; INSTALL NEW DRYWALL; INSTALL NEW CABINETS AND TRIM; PAINT WALLS, CEILINGS AND TRIM; INSTALL NEW FLOORING; RE-DO BATHROOMS; INSTALL NEW MULTI-PANEL DOOR TO DECK**REPARIS TO ORIGINAL CONDITION**

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

Online BP.
g& 3/5/24

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, U

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

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/Region

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 Orion

Middle Name

Last Name Ferraro

Home Phone

Organization Name
 Ferraro Custom Builders
Mobile Phone ((xxx)xxx-xxxx)
 (410) 977-8903
E-mail
 FERRAROCUSTOMBUILDERS@GMAIL.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 2/29/2024 **Due Date** 3/4/2024

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
 2/29/2024

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
 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**

PLAT Type
 --Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes No

Number of paper copies

0
(Number)

Number of buildable lots created

1
(Number)

Total Number of Lots

1
(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

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--