

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 03/01/2024

Single Entry Edit-View Record Form

Application Name B24000522

Description SFD/CONSTRUCT 8'X8' SQUARE CONCRETE IN-GROUND SPA

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department Well and Septic Progr

Assigned to Staff Zack Silvast

Approved 3/1/24

Online BP. 3/15/24

Address (This section is required.)

Table with columns: Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 12254, Etchinson, RD, Elli..., MD, 21042.

Parcel (This section is not required.)

Table with columns: 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.)

Table with columns: Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region. Row 1: Kristofer Reeves, 12254 Etchinson Rd., Ellicott City, MD, 21042, 240-454-2718, US.

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type Applicant

Primary Yes

First Name Matthew

Middle Name

Last Name Sabine

Home Phone

Organization Name

Absolute Landscape & Turf Services

Mobile Phone (XXX)XXX-XXXX

(410) 984-4200

E-mail

MATT@ABSOLUTESCAPES.COM

Business Phone (XXX)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

3/1/2024

Due Date

3/15/2024

Dates to Complete

14

(Number)

Food Review Type

--Select--

Received by Food

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

3/1/2024

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

03/01/2024

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

(Number)

Number of non-buildable lots created

(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

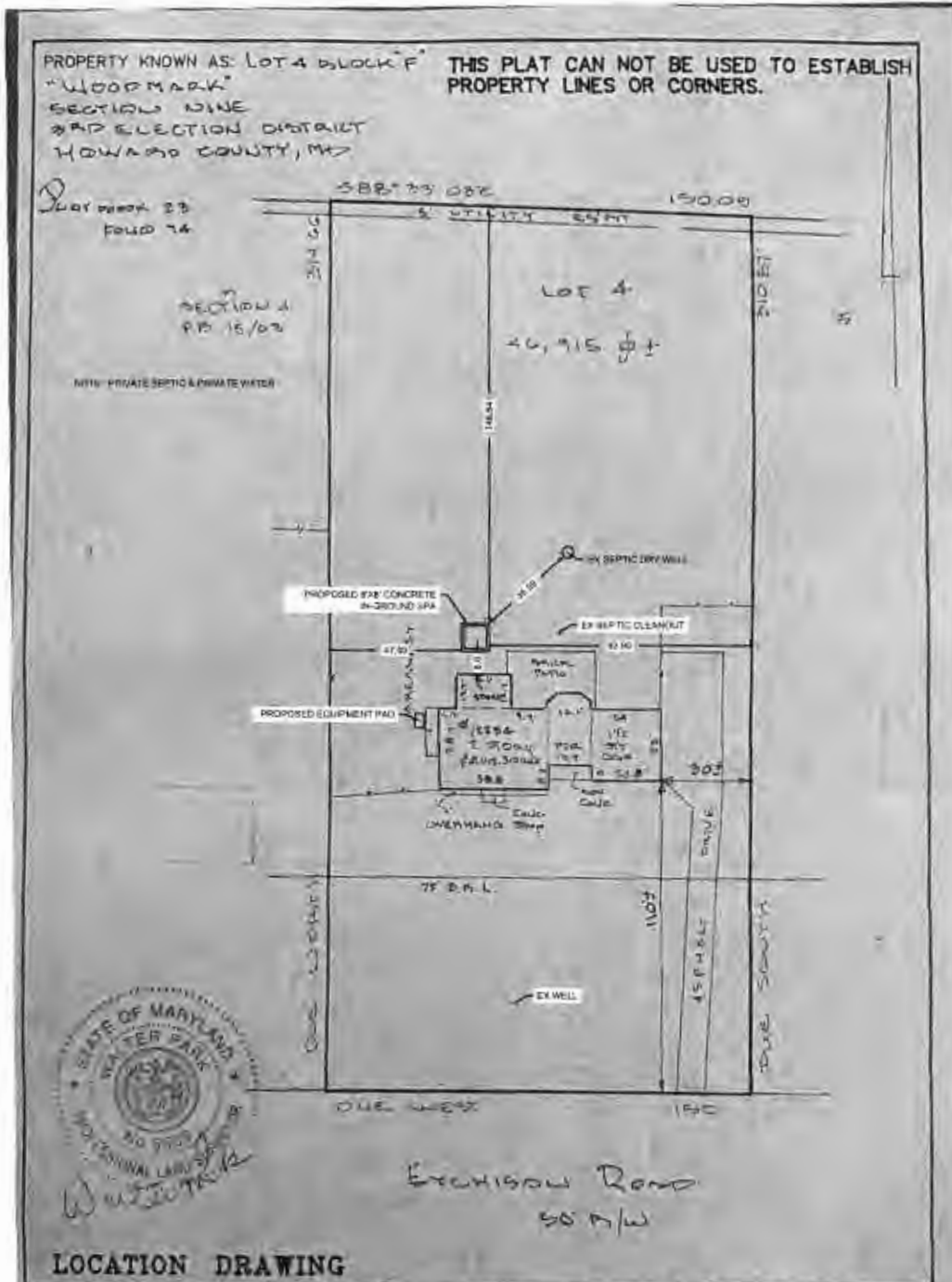
Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

Approved R12 3/8/2024  
 B24000522



LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=40'	DATE 2-05-07
<p>This is to certify that I have surveyed the property known as: <u>1275A EXCHISLOW ROAD</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and is NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>	<p>W. J. Trick</p>	<p><b>LDE Inc.</b>                  9250 Rumsey Road Suite 106                  Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.)                  (301) 596-3424 (Wash)                  (410) 715-9540 (Fax)</p>	