

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  
03/08/2024

Single Entry Edit-View Record Form

Application Name  
B24000664

Description  
SFD/Interior Alterations for the Removal and Replacement of one Load Bearing Wall on first floor of dwelling. Approx 20 sqf

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.  
gs 3/12/24

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"/>					7124		Chardon	CT	Clar...	MD	21029				

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	
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/Regi	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Julie Ann Hutchinson	7124 Chardon Ct.			Clarksville	MD	21029	21029	US	

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*  
Applicant

Primary  
Yes v

First Name \*  
Tonya

Middle Name

Last Name \*  
Glover

Home Phone ((xxx)xxx-xxxx)

Approved Septic System Plan  
Howard County Health Department

DBernard      3-18-24  
Signature                      Date

Organization Name \*

Rescue Homes & Repair LLC.

Mobile Phone ((XXX)XXX-XXXX)

(410) 724-0062

E-mail

rescuehomes@outlook.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

3/8/2024

Due Date

3/12/2024

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

3/8/2024

FACILITY INFORMATION

Name of Business (dba) \*

n/a (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

Sewage Disposal

Private

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

(Text)

PLAT Type

--Select--

**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 copes**

0  
(Number)

**Number of non-buildable lots created**

0  
(Number)

**Associated Plans**

0

**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**

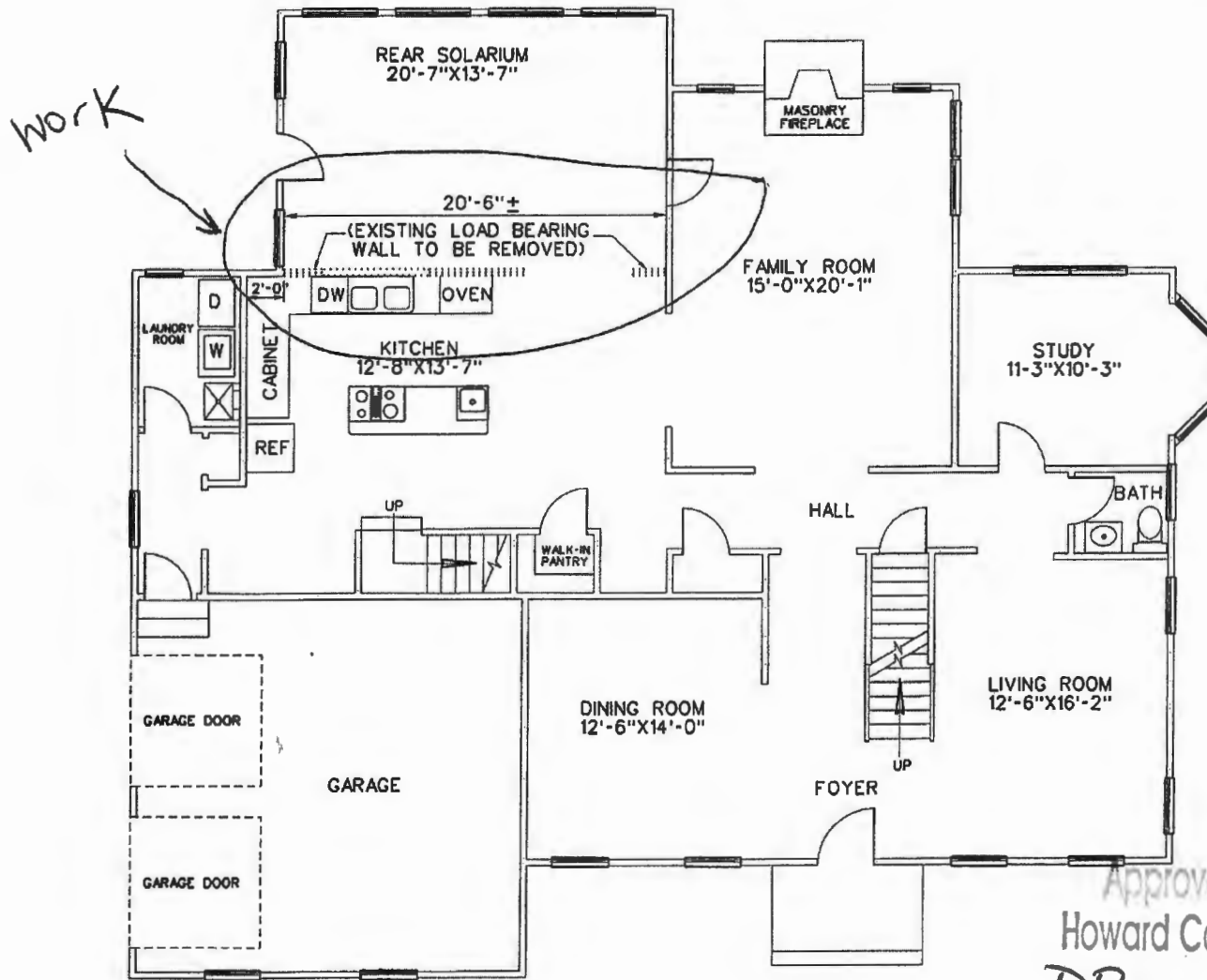
**Dumpsters Located on a impervious surface?**

--Select--

**Will there be a grease receptacle?**

--Select--

# 1st Floor Existing and Demo



EXIST/DEMO FIRST FLOOR PLAN

Approved Septic System Plan  
 Howard County Health Department  
*DBernard*  
 Signature

3-18-24  
 Date



Bethlehem Engineering Consulting LLC  
 Designer  
 3817 Broadwell Ct.  
 Burtonville, MD 20868  
 240-438-1888  
 BethlehemEngineering@gmail.com



PROFESSIONAL CERTIFICATION LICENSE  
 15804  
 STATE OF MARYLAND  
 PROFESSIONAL ENGINEER  
 EXPIRES 09/30/2024

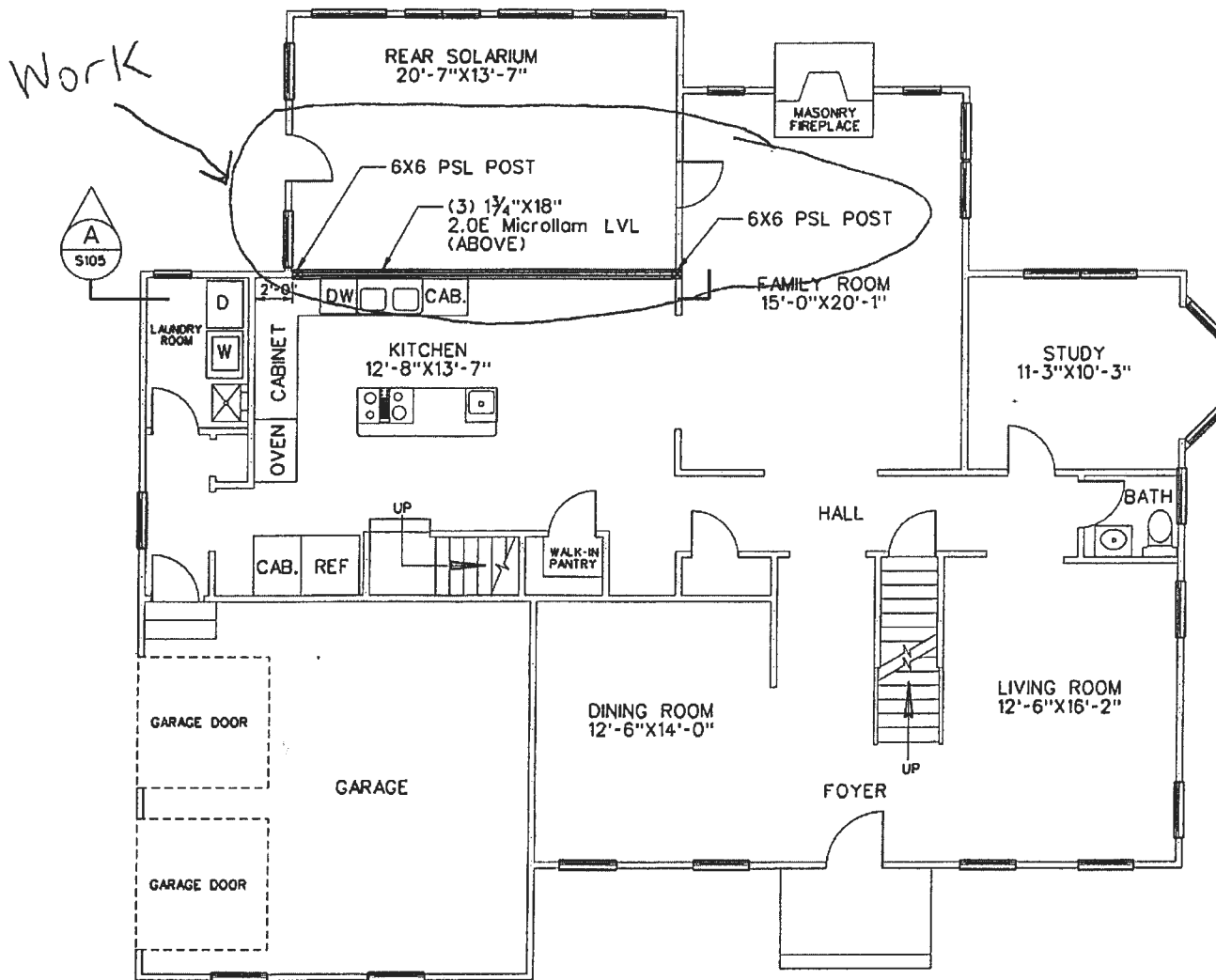
Date: 02/09/2024  
 SCALE: 1/4" = 1'-0"  
 REVISIONS:  
 FINAL REVISED:

PERMIT PACKAGE  
 7124 CHARDON COURT,  
 CLARKSVILLE, MD 21029  
 LOAD BEARING WALL REMOVAL  
 AND REPLACEMENT WITH A FRAME

DRAWING TITLE:  
 EXIST/DEMO  
 FIRST FLOOR  
 PLAN

SHEET:  
 S101

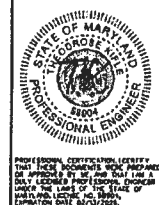
# 1st Floor - Proposed Plan



PROPOSED FIRST FLOOR PLAN



**Bethlehem Engineering Consulting LLC**  
 Designer  
 3017 Broadwash Cr.  
 Burtonsville, MD 20886  
 240-401-1500  
 BethlehemEngineering@gmail.com



Date: 02/09/2024  
 SCALE: 1/4" = 1'-0"  
 REVISIONS:  
 FINAL REVISED:

**PERMIT PACKAGE**  
**7124 CHARDON COURT,**  
**CLARKSVILLE, MD 21029**  
**LOAD BEARING WALL REMOVAL**  
**AND REPLACEMENT WITH A FRAME**

**DRAWING TITLE:**  
**PROPOSED FIRST**  
**FLOOR PLAN**

**SHEET:**  
**S104**