

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
 12/31/2024
 Single Entry Edit-View Record Form
 Application Name
 B24004811

Online BP.
 JB 1/2/25

Description
 SFD/ Construct 20' x 14' screened Porch with open deck landings to the left and to the right, to rear of home.

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

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"/> | 11954 | | Queen | ST | Fulton | MD | 20759 | | | | |

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"/> | Sandra Suber | 11954 Queen St. | | | Fulton | MD | 20759 | 443-362-0235 | 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 *
 Gregory
 Middle Name
 Last Name *
 Wall
 Home Phone ((xxx)xxx-xxxx)
 Organization Name *
 Wall to Wall Construction, LLC.
 Mobile Phone ((xxx)xxx-xxxx)
 (410) 788-3990
 E-mail

Approved Septic System Plan
 Howard County Health Department
 [Signature] 1-8-25
 Signature Date

gwall@wall-fwall.net
Business Phone (xxx)xxx-xxxx

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 12/31/2024 Due Date

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
12/31/2024

FACILITY INFORMATION

Name of Business (dba) *
na (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
--Select--

Sewage Disposal
--Select--

Design Wastewater Flow
(Number)

Permit Type
--Select--

PLAT STATS

Total Number of buildable lots to be recorded (Number) Total number of open space lots to be recorded (Number)

Total number of bulk parcels to be recorded (Number) Total number of lots / parcels to be recorded (Number)

New buildable lots created (Number) Date PLAT signed by Health Officer

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 copies
0 (Number)

Number of buildable lots created
0 (Number)

Number of non-buildable lots created
0 (Number)

Total Number of Lots

Associated Plans

0
(Number)

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 an 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--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

Yes No

Date HACCP Approved by the State

☐

Date HACCP Plan Submitted

HACCP Plan Approved

☐

HACCP Plan Review

☐

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling rafters exposed ?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided

--Select--

Comments - Owner

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

AF INFORMATION

Plan Review Type

--Select--

Aquatic Facility Project Description

(Text)

County Building Permit Number

Expected Completion of Construction

(Text)

(Text)

Total Aquatic Facilities at Venue

Sewer Service

--Select--

(Number)