

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 B24004720

Description SFD/ FINISHED BASEMENT TO INCLUDE REC ROOM, DEN, BAR AREA, BATHROOM, AND UNFINISHED STORAGE, APX 1495 SQ. FT.

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department Current Department Well and Septic Progr

Assigned to Staff Current User Zack Silvast

ON HOLD. 9/8/22/25

House to remain 4 BDR, new basement plans OK, 9/8/29/25

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 checked="" type="checkbox"/>						4807		Rivercr...	CT	Elli...	MD	21042				

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"/>	<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"/>	<input type="checkbox"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country			
<input checked="" type="checkbox"/>					Sunil & Meera Lingayat	4807 Rivercrossing CT.			Ellicott City	MD	21042	240-483-9392	US			

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant

Primary Yes

First Name * Sunil

Middle Name

Last Name * Lingayat

Home Phone ((xxx)xxx-xxxx) (240) 483-9392

Organization Name *

n/a

Mobile Phone ((xxx)xxx-xxxx)

(240) 483-9392

E-mail

sunil_lingayat@hotmail.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

12/31/2024

Due Date

Dates to Complete

14

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

12/31/2024

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

(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

Date PLAT signed by Health Officer

(Text)

(Number)

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 copies

0 (Number)

Number of non-buildable lots created

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 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 an 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--

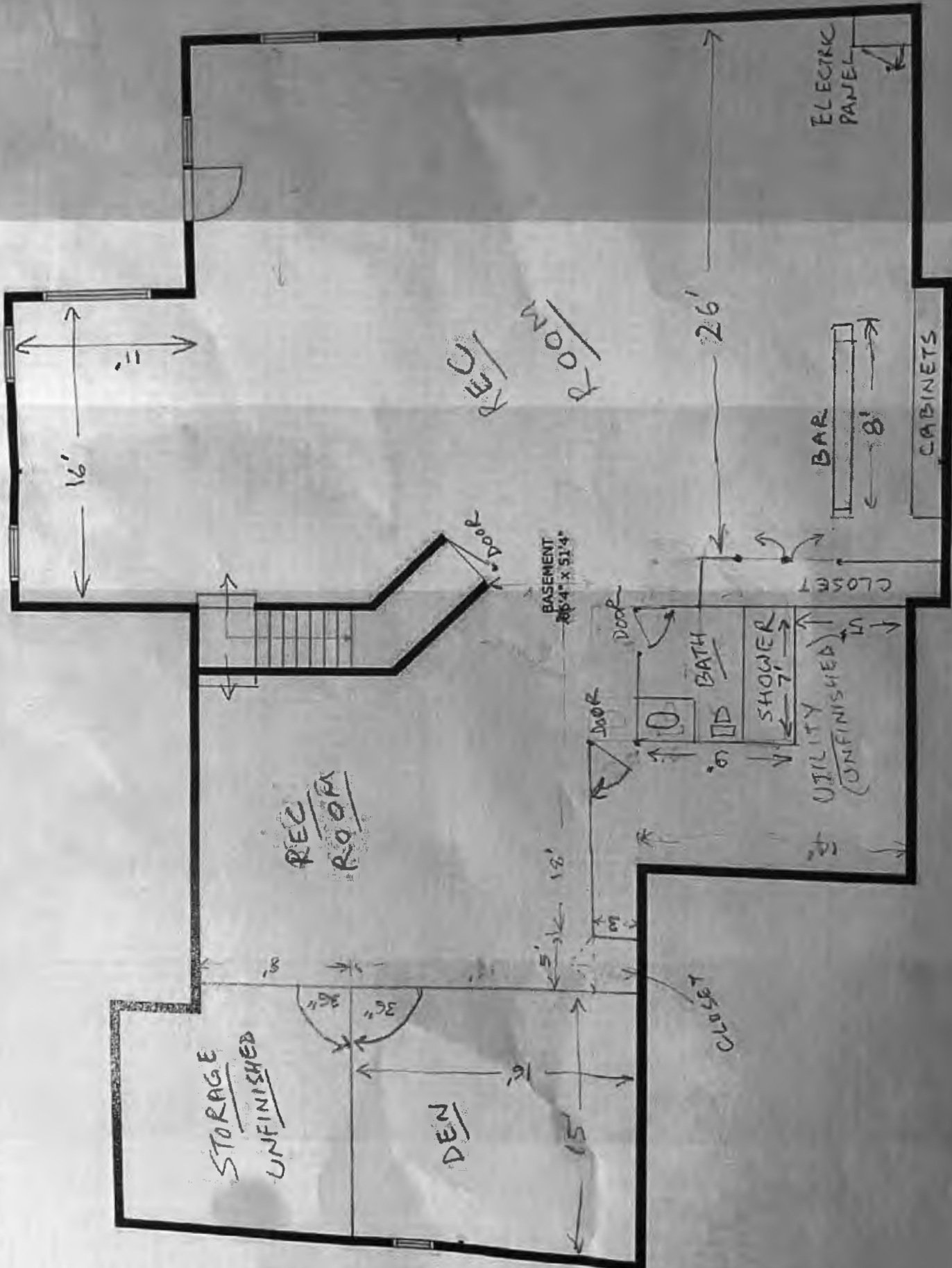
F. Minimum 5' high barrier for semipublic pool or spa

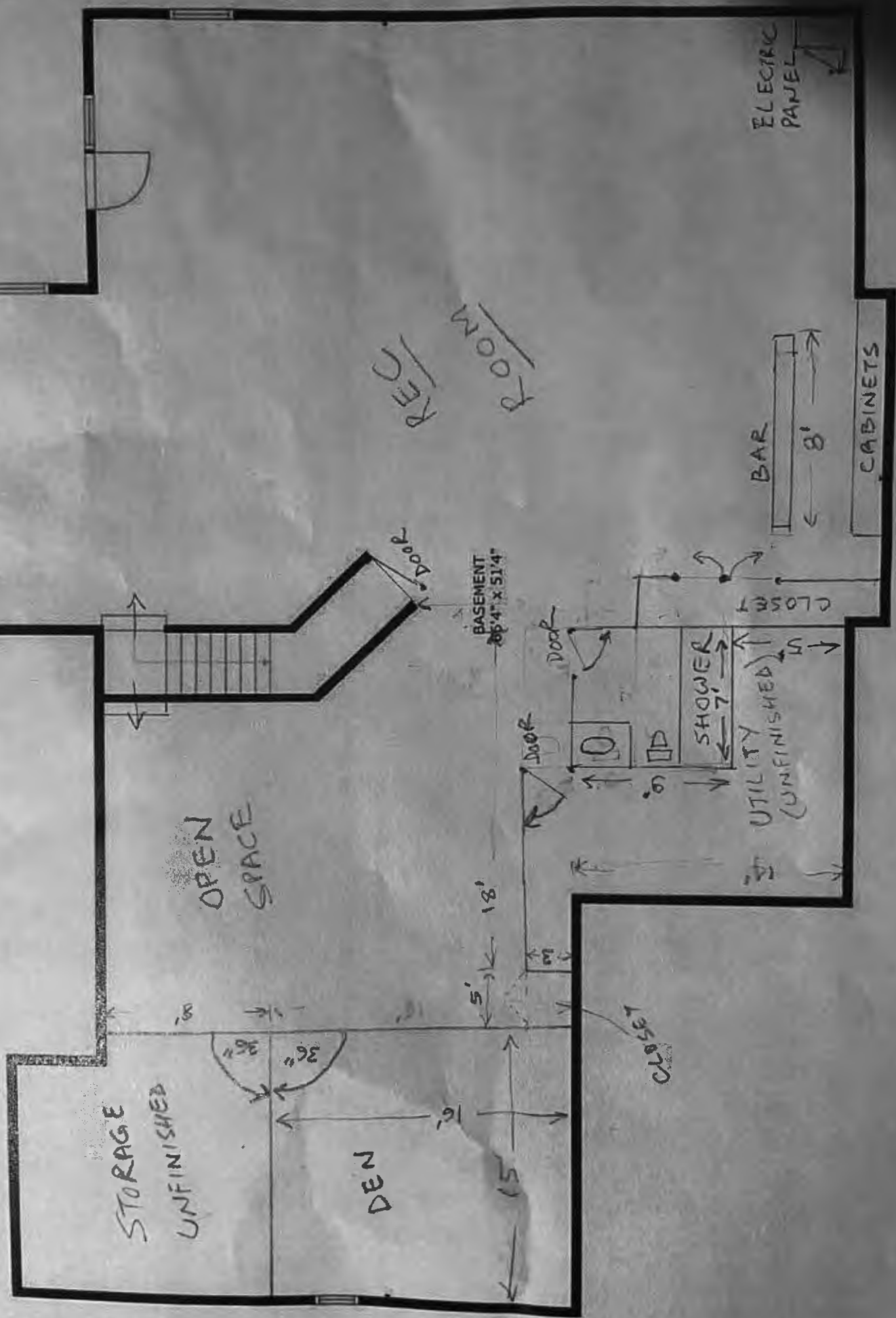
--Select--

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

--Select--

Comments





Silvast, Zackary

From: Silvast, Zackary
Sent: Wednesday, January 22, 2025 4:16 PM
To: sunil_lingayat@hotmail.com
Subject: regarding building permit #B24004720 (4807 River Crossing Ct)

Good Afternoon,

I have been reviewing your building permit and all attachments. I would like some clarification on the room being labeled as "DEN." I'm assuming we're showing a 3' wide door for entry, same as the unfinished storage room next to it.

Right now, the proposed DEN is meeting Howard County Code's bedroom definition. In order for the den to not be counted as bedroom, alterations to the floorplans need to be made.

There are two options to proceed without septic upgrades:

- 1. We will accept a 4' wide opening to this room, no door.**
- 2. We will allow for a cased opening with bookshelves, no door.**

Let me know if you have any other questions. New floor plans should be uploaded to the DILP portal and e-mail me directly once this has been completed. Thank you.

- ZS

Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division
410-313-1777

Environmental Health Bureau
Howard County Health Department

Revised: 1/29/25

Approved: 2/8/25

