

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case # EH-PLANS-25-0
Type EnvHealth/Environmental Health/Plan Check/Application

Status In Review

Opened Date 12/15/2025

Single Entry Edit-View Record Form

Application Name B25005427

Description SFD/ replace my existing Heat-N-Glo gas fireplace insert, which is located in the living room on my 1st floor, with a Harman P42i-TC Pellet Insert *NO NEW CHIMNEY*

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

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. Row 1: 14804, Carriag..., DR, Wood..., MD, 21797

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. Row 1: 0 record(s) found.

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. Row 1: John Galleo, 14804 Carriage Mill Rd., Woodbine, MD, 21797, US

Applicant * (This section is required.)

Single Entry Applicant Form
Type Applicant
Primary Yes
First Name John
Middle Name
Last Name Galleo
Home Phone
Organization Name n/a
Mobile Phone (215) 605-2180
E-mail

Online BP. g 12/15/25

Approved Septic System Plan
Howard County Health Department
Signature: D Bernard
Date: 12/22/25

JGalleo@gmail.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

12/15/2025

Due Date

12/29/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

12/12/2025

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

(Text)

Days of Operation

(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

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Design Wastewater Flow

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

New buildable lots created

0

(Number)

PLAT Type

--Select--

Total number of open space lots to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

Date PLAT signed by Health Officer

(Text)

Date Preliminary Plan Signed by HO

(Text)

Extension Granted

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes No

Number of paper copies

0

(Number)

Number of buildable lots created

Plan Version

Initial

Engineer

0

(Text)

Number of mylar copes

0

(Number)

Number of non-buildable lots created

0
(Number)
Total Number of Lots
0
(Number)

0
(Number)
Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required Yes No
Proposed Septic System Type --Select--
Coordinate State Review Yes No

FOOD ESTABLISHMENT FACILITY

Priority Assessment --Select--
License Category --Select--
Licensed Type --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)
Interior Restaurant Seating Capacity (Number)
Outdoor Seating Capacity (Text)
Number of Restrooms (Number)
Bar 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 Plan Submitted
Date HACCP Approved by the State
HACCP Plan Approved