

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

11/10/2025

Single Entry Edit-View Record Form

Application Name

B25004935

Description

SFD/ CONSTRUCT 20 X 16 SCREENED PORCH WITH WOOD BURNING FIREPLACE(NEW CHIMNEY) WITH 34X16 OPEN DECK WITH LANDINGS AND STAIRS TO GRADE

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.)

New Search Delete Set Primary

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

David

Middle Name

Last Name *

Benfer

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Timeless Construction

Mobile Phone ((xxx)xxx-xxxx)

(301) 674-3604

E-mail

DCBENFER@GMAIL.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

11/10/2025

Due Date

11/25/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Received by Food

Equipment Specification Sheets Submitted

Approved 11/19/25 -H.O.

Online OP.

g/s 11/18/25

Equipment Specification Sheet

[Empty text box]

Received by Community Hygiene

[Empty text box]

Received by Well and Septic

11/10/2025



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
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

Design Wastewater Flow
(Number)

Sewage Disposal

Private

Permit 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

[Empty text box]

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)

If Operating Seasonally, What is the start month?
(Text)

Operating Seasonally Only
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 <input type="text"/> (Number)	Interior Restaurant Seating Capacity <input type="text"/> (Number)
Bar Seating Capacity <input type="text"/> (Text)	Outdoor Seating Capacity <input type="text"/> (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 <input type="text"/> (Number)	Description of Walk-In Freezer Units <input type="text"/> (Text)
Is there a bulk ice machine available <input type="radio"/> Yes <input type="radio"/> No	Space Limitation <input type="text"/>

Number of Hand Sinks Available <input type="text"/> (Number)	Hood System <input type="text"/> (Text)
Ventless Equipment <input type="text"/> (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

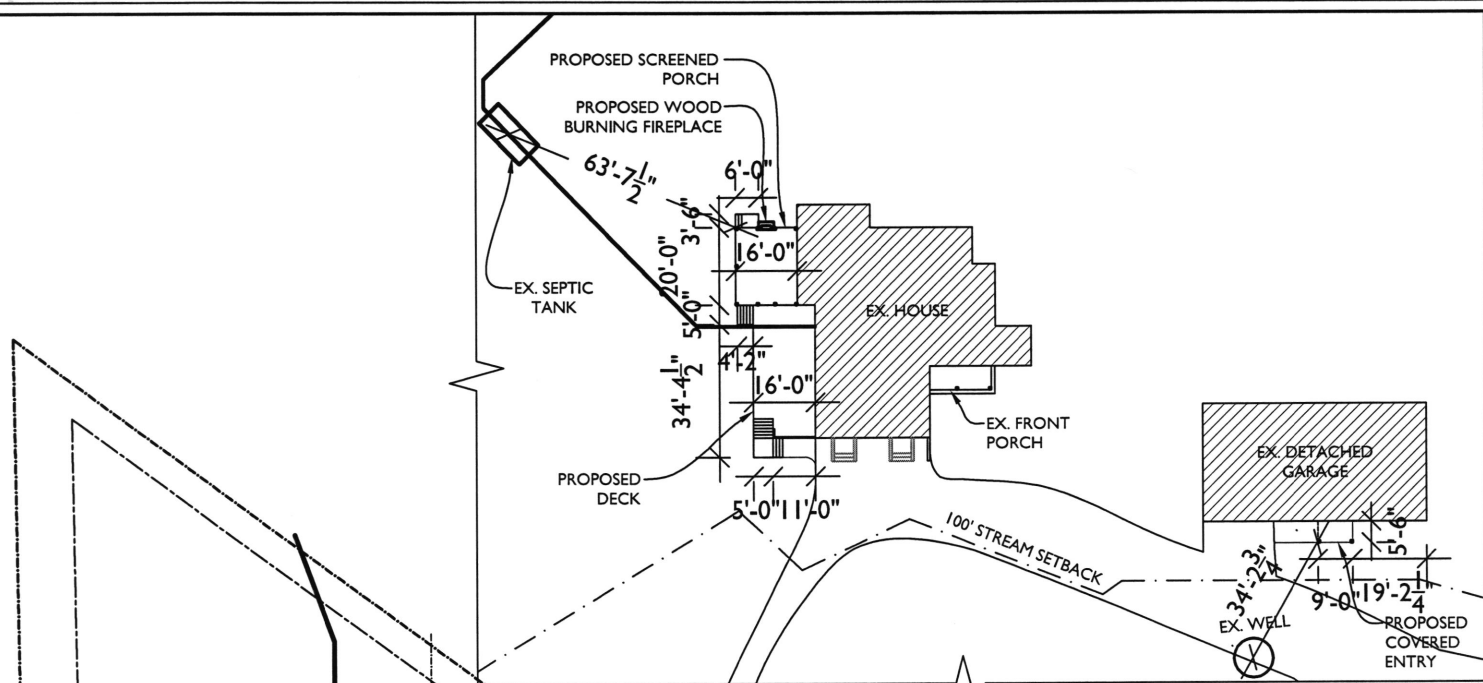
Plan Review Response Letter Received <input type="radio"/> Yes <input type="radio"/> No	Date HACCP Approved by the State <input type="text"/>
Date HACCP Plan Submitted <input type="text"/>	HACCP Plan Approved <input type="text"/>
HACCP Plan Review <input type="text"/>	Plan Review Letter Mailed <input type="text"/>
HACCP Plan Revision Submitted <input type="text"/>	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? <input type="radio"/> Yes <input type="radio"/> No
Are ceiling rafters exposed ? <input type="radio"/> Yes <input type="radio"/> No	Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing? <input type="radio"/> Yes <input type="radio"/> No

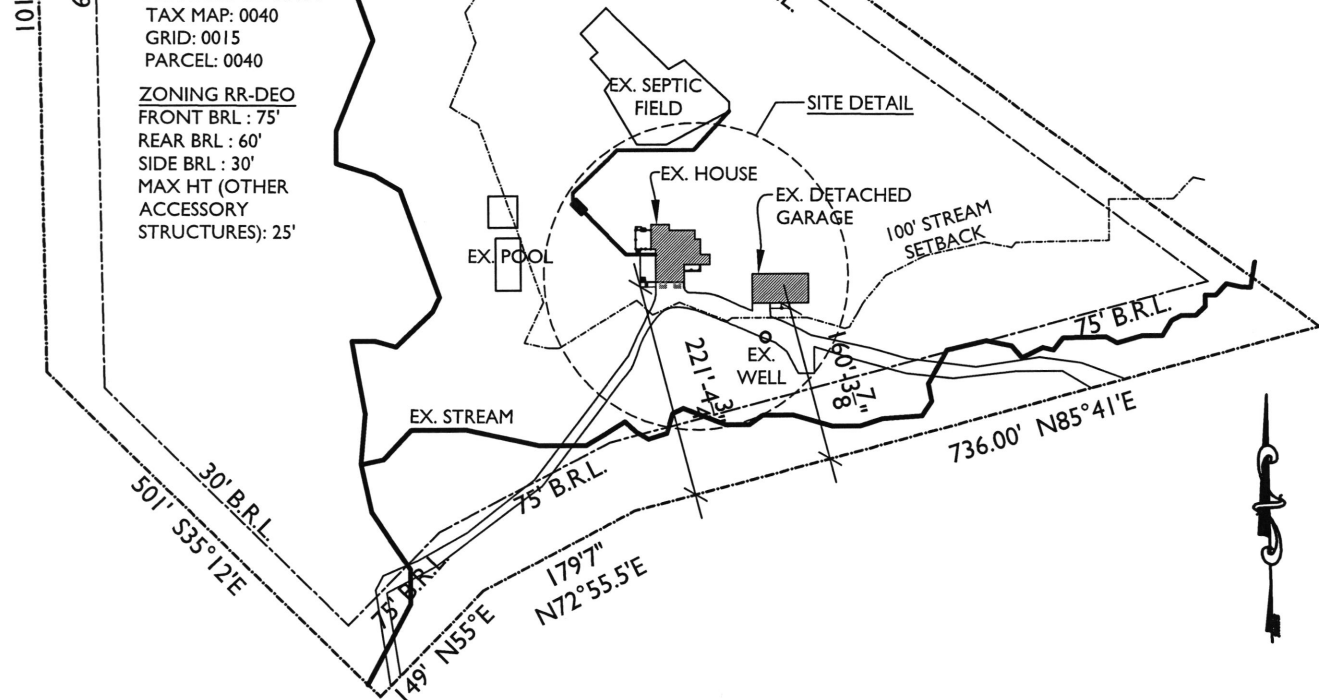
SPECIAL PROCESSING

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



SITE DETAIL
 SCALE: 1"=50'-0"

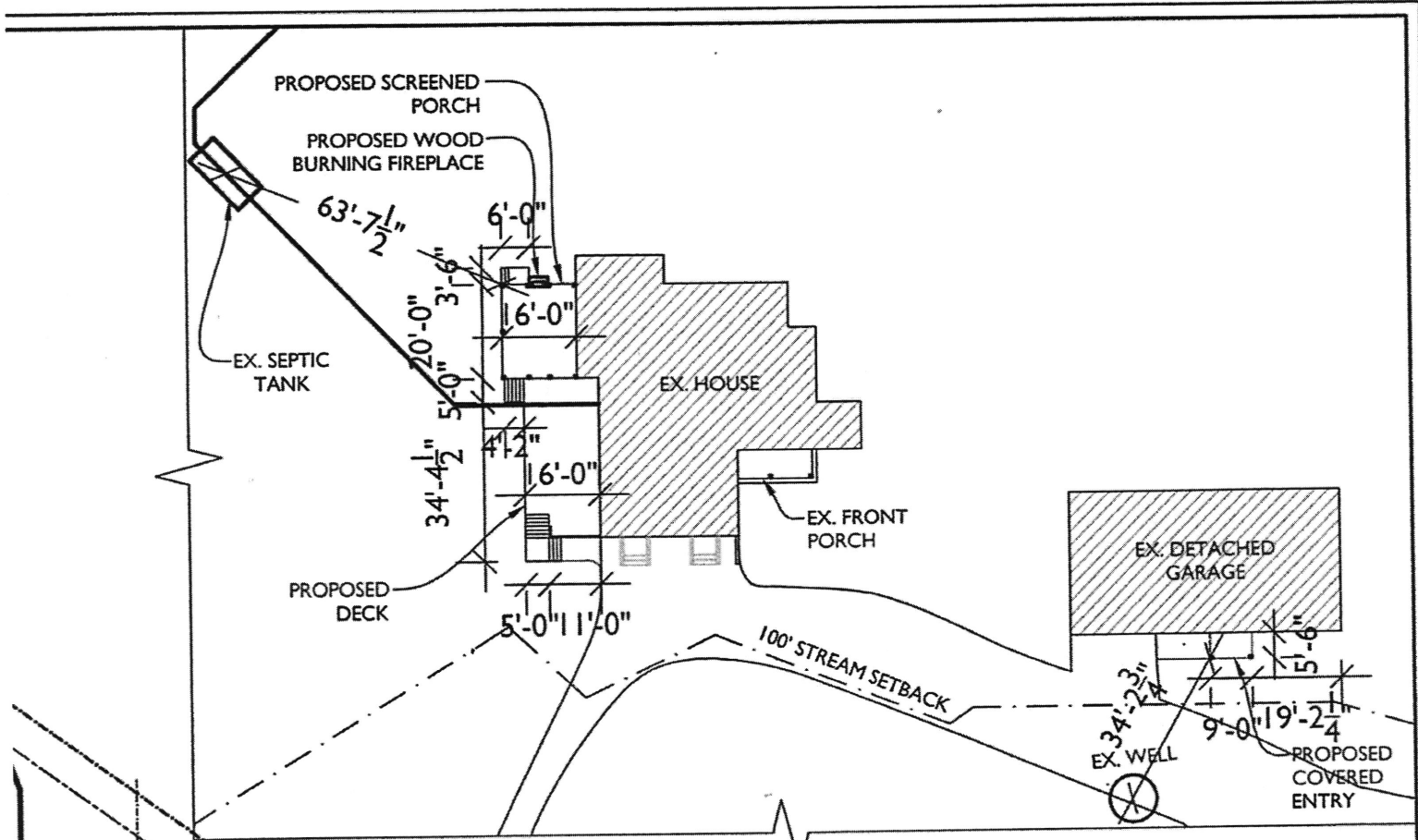
1018' S9°25'W
 60' B.R.L.
 SITE INFO:
 13886 CLARKSVILLE PIKE
 HIGHLAND, MD 20777
 HOWARD COUNTY
 TAX MAP: 0040
 GRID: 0015
 PARCEL: 0040
 ZONING RR-DEO
 FRONT BRL : 75'
 REAR BRL : 60'
 SIDE BRL : 30'
 MAX HT (OTHER ACCESSORY STRUCTURES): 25'



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EL SAWI RESIDENCE
 13886 Clarksville Pike
 Highland, MD 20777

SITE PLAN
 SCALE: 1"=200' DATE: 07-24-2025 PROJECT: 22-711



SITE DETAIL
 SCALE: 1"=50'-0"

1659' N43°32'W
 30' B.R.L.