

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

12/03/2025

Single Entry Edit-View Record Form

Application Name

M25001784

Description

Install one WaterFurnace 5ton geothermal heat pump model #W5AV060BD1A12CT_2D11. Connect to existing ductwork.

Approved 12/11/25
MB

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

Kevin Wolf

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
<input checked="" type="checkbox"/>	8227		Church ...	RD	Ellic...	MD	21043			

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"/>	Mark Mayr	8227 Church Lane Rd.			Ellicott City	MD	21043		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Joseph

Middle Name

Last Name *

Snyder

Home Phone ((xxx)xxx-xxxx)

Organization Name *
 Walts Mechanical Services Inc.

Mobile Phone ((XXX)XXX-XXXX)

E-mail
 jen@lovesheatingandair.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
12/3/2025

Due Date
12/17/2025

Dates to Complete
14 (Number)

Received by Food

Food Review Type
--Select--

Equipment Specification Sheet Submitted

Received by Community Hygiene

Equipment Specification Sheet

Received by Well and Septic
12/3/2025

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does this project have a Building Permit?
 Yes No

Building Permit Issued Date

Non-Profit

Does the project include 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

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

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Facility Fax
(Text)

Facility Phone
(Text)

Days of Operation
(Text)

Facility Email
(Text)

PROPERTY INFORMATION

Water Source
Public

Design Wastewater Flow
(Number)

Sewage Disposal
Public

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
Residential

Signature Required
 Yes No

Number of paper copies
(Number)

Number of buildable lots created

Plan Version
Initial

Engineer
(Text)

Number of mylar copies
(Number)

Number of non-buildable lots created

(Number)

Total Number of Lots

0

(Number)

(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 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--

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