

Approved 6/24/25
-HO

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
06/20/2025

Single Entry Edit-View Record Form

Application Name
B25002423

Online BP.
6/23/25

Description
SFD / INSTALL (45) GROUND MOUNTED SOLAR PANELS

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													
<input type="checkbox"/>	<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
<input checked="" type="checkbox"/>							13824		Russell...	DR	Clar...	MD	21029			

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/Rt
<input checked="" type="checkbox"/>					Aruna Sengottuvelu	13824 Russell Zepp Dr.			Clarksville	MD	21029		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Kristin

Middle Name

Last Name *
Manzo

Home Phone (xxx)xxx-xxxx

Organization Name *
 Solar Energy World
 Mobile Phone ((XXX)XXX-XXXX)
 (410) 579-5167
 E-mail
 permitting@SOLARENERGYWORLD.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 6/20/2025	Due Date 7/7/2025
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 6/20/2025	

FACILITY INFORMATION

Name of Business (dba) *	n/a (Text)	Does this project have a Building Permit?	<input type="radio"/> Yes <input type="radio"/> No
Associated Building Permit Number	(Text)	Building Permit Issued Date	
Owner Switch Date		<input type="checkbox"/> Non-Profit	
Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.	<input type="radio"/> Yes <input type="radio"/> No	Does the project include Private Well? If Yes, forward to WS Program.	<input type="radio"/> Yes <input type="radio"/> No
Does the project include Private Septic? If Yes, forward to WS Program.	<input type="radio"/> Yes <input type="radio"/> No	Does the project include Food Services? If Yes, forward to FP Program.	<input type="radio"/> Yes <input type="radio"/> No
Is this a Prototype Food Service Facility? If Yes, refer to State.	<input type="radio"/> Yes <input type="radio"/> No	Facility Phone	0 (Text)
Facility Fax	0 (Text)	Facility Email	0 (Text)
Days of Operation	0 (Text)		

PROPERTY INFORMATION

Water Source	Private	Sewage Disposal	Private
Design Wastewater Flow	0 (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 (Number)	Date PLAT signed by Health Officer	
PLAT Type	--Select--	Date Preliminary Plan Signed by HO	

Extension Granted

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

0

(Number)

Associated Plans

[Empty text area for 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? Will there be a grease receptacle?
--Select-- --Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received Date HACCP Approved by the State
 Yes No
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 Kitchen Cove Base
--Select-- --Select--
Storage - Food Storage Flooring Storage - Food Storage Cove
--Select-- --Select--
Utensil Washing Area Flooring Utensil Washing Area Cove
--Select-- --Select--
Dressing / Locker Room Flooring Dressing / Locker Room Cove
--Select-- --Select--
Toilet Area Flooring Toilet Area Cove
--Select-- --Select--
Walk-in Refrigerator Flooring Walk-in Refrigerator Cove
--Select-- --Select--
Kitchen Walls Utensil Washing Area Walls
--Select-- --Select--
Restroom Walls Are Kitchen Ceilings tiles smooth non-fiberglass backing?
--Select-- Yes No
Are ceiling rafters exposed? Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
 Yes No 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 Comments - Owner
--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect B. Contour plan included
--Select-- --Select--
C. Top and sectional views provided Comments
--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches
--Select-- --Select--
C. Fence pickets or barrier openings do not exceed 4 inches D. A barrier with horizontal members less than 45 inches apart measured top to top does not have
--Select-- --Select--
1. vertical openings > 1-3/4 inches in width 2. horizontal members on the outside of the fence
--Select-- --Select--
E. The barrier main access gate: 1. is located toward the shallow end of the pool
--Select-- --Select--
2. has a latch release at least 54 inches from grade level and is lockable 3. minimum width of 4 feet and is hung to open away from the pool or spa
--Select-- --Select--

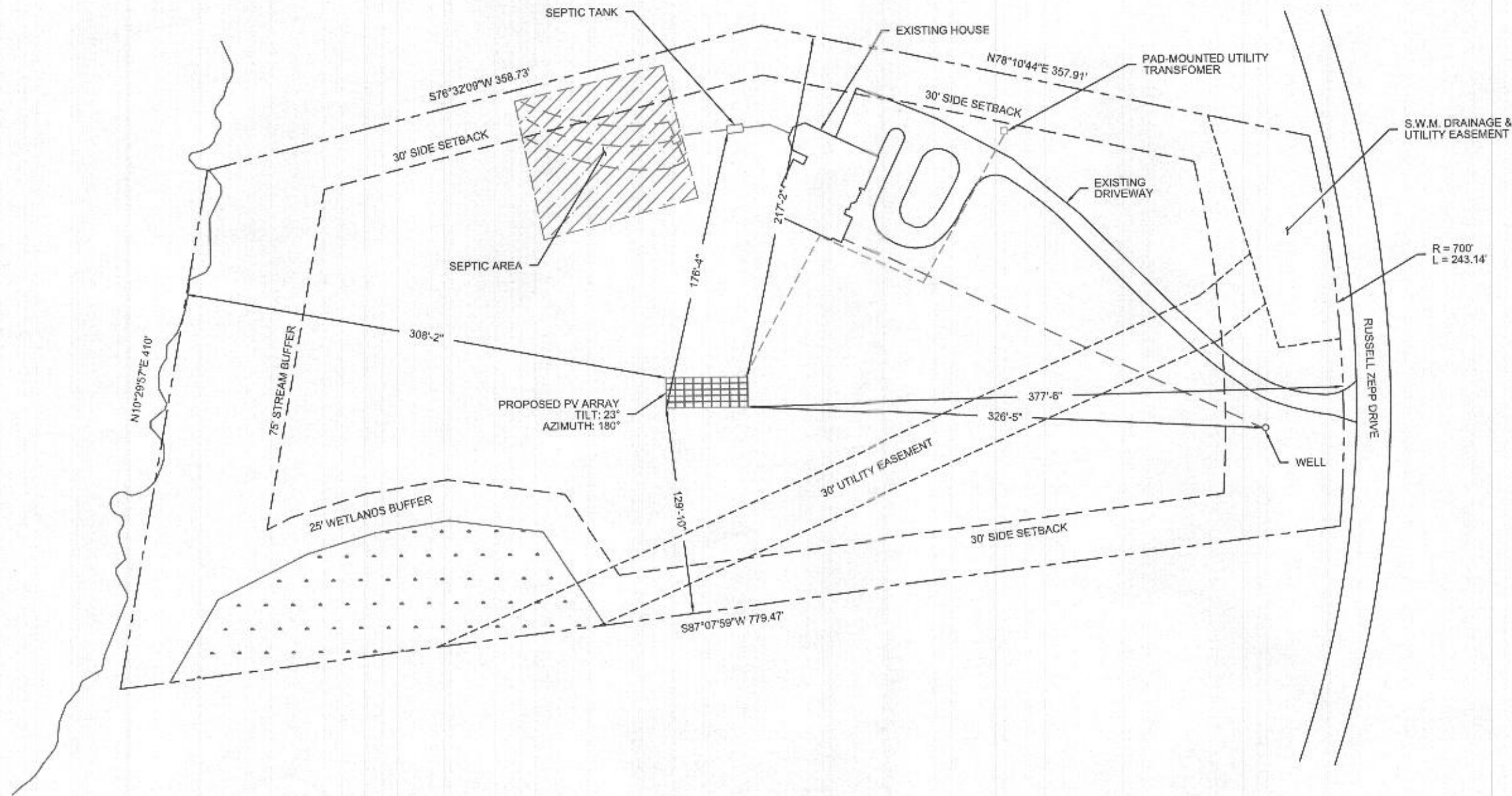


NOTES:

1. THIS DRAWING IS TO PROVIDE REFERENCE FOR THE INSTALLATION OF GROUND MOUNT PHOTOVOLTAIC ARRAYS.
2. THE SYSTEM SHALL INCLUDE (45) MSE410HT0B MODULES [DIMENSIONS: 67.84" (L) x 44.69" (W) x 1.38" (D) AND WEIGHING 42 LBS (PANEL DEAD LOAD = 2.00PSF)]
3. THE SOLAR FOUNDATIONS RACKING WILL BE INSTALLED PER MANUFACTURER'S INSTALLATION MANUAL.
4. THE PROPOSED ARRAY SHALL COVER APPROX. 977.02SQ.FT. OF THE 5.4262 AC. PROPERTY.
5. EQUIPMENT LOCATION PLAN IS APPROXIMATE, EXACT LOCATION TO BE VERIFIED WITH INSTALLATION CREW AND HOME OWNER AT THE TIME OF INSTALLATION.

SITE PLAN

Scale: 1" = 80'-0"



LEGEND

	WILDLIFE & FOREST PRESERVATION		SOLAR CONDUIT
	WATER BODIES & FLOOD PLAINS		WATER
	WETLANDS		OVERHEAD ELECTRICAL
			UNDERGROUND ELECTRICAL
			SEWER
			GAS

SolarEnergyWorld
Because Tomorrow Matters

Solar Energy World LLC
14880 Switzer Lane
Laurel, MD 20707
(888) 497-3233

Disclaimer:
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Building Code	
International Residential Code (IRC) 2021	
National Electrical Code (NEC) 2023	
Wind Speed	Roof Load
105 MPH	25 PSF

Model: (45) MSE410HT0B

Part No: (45) IQ8MC-72-M-US

DC System Size	AC System Size
18.450 kW	14.400 kW

Customer Name:
Sabapathy Sengottuvelu
13824 Russell Zepp Dr
Clarksville, MD 21029

Permit Number: None

City	County	Utility
Howard County	BGE	

Sheet Name: Site Plan

Drawn by	Date
AMP	May 21, 2025

Scale	As Noted	MD24577	Sheet	A-2
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