

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
B25002408

Description
SFD/ CONSTRUCT 27' LENGTH X 20' WIDTH OPEN DECK WITH STEPS

Online BF.

Y&G 6/23/25

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"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input checked="" type="checkbox"/>	17401		White D...	CT	Mt. ...	MD	21771				

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/Re
<input checked="" type="checkbox"/>	Thomas Grimm	17401 White Dogwood CT.			Mt. Airy	MD	21771	410-963-5077	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant

Primary Yes

First Name *

Thomas

Middle Name

Last Name *

Grimm

Home Phone (xxx)xxx-xxxx

(410) 963-5077

Organization Name *

n/a

Mobile Phone ((xxx)xxx-xxxx)

(410) 963-9501

E-mail

thomasmgrimm@gmail.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)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

6/20/2025

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

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 (Number)

Date PLAT signed by Health Officer

(Text)

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

(Text)

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 copes

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

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)

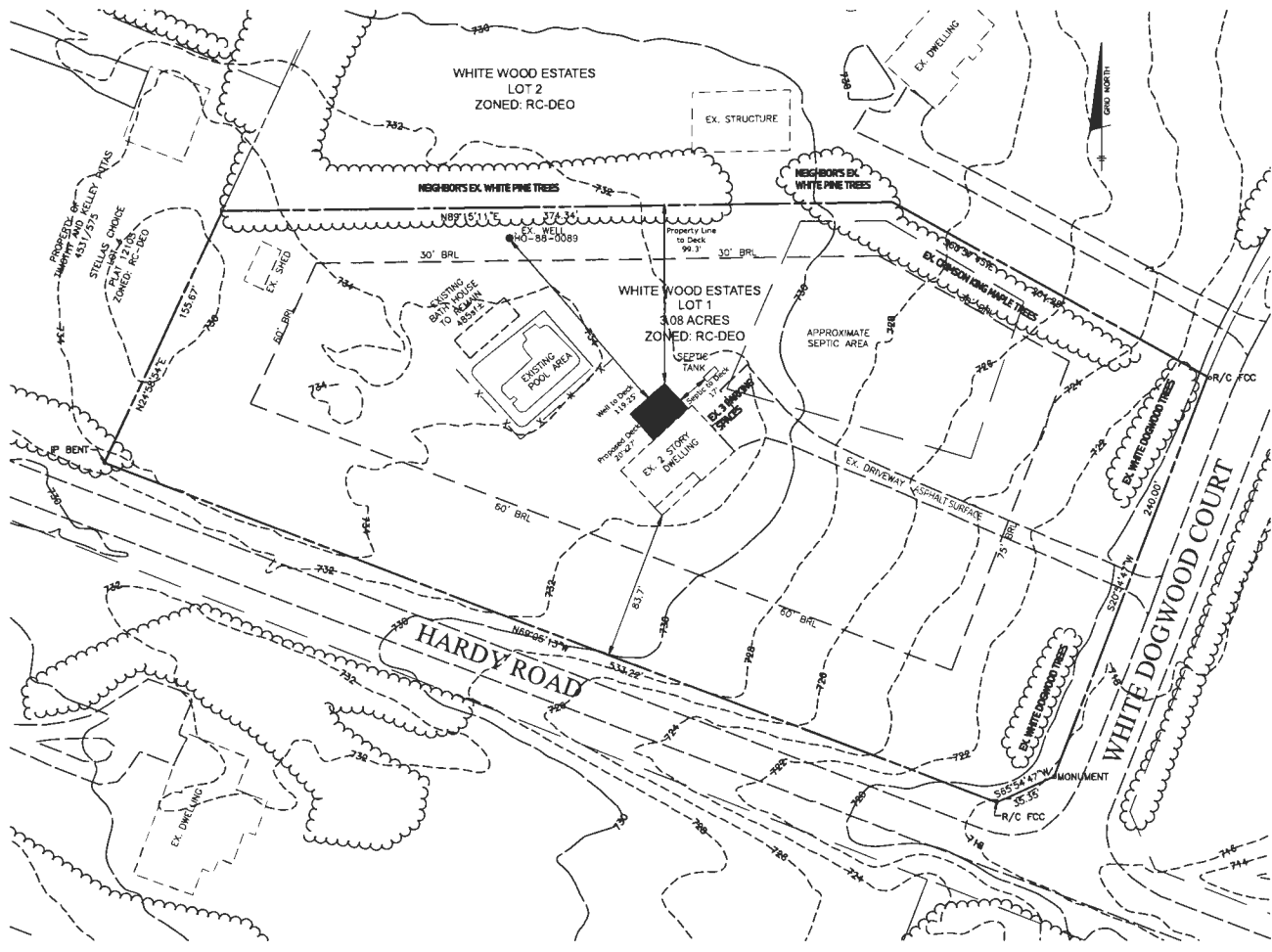
PLUMBING

Size and Installation of the water heater?

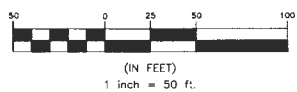
(Text)

Is there a grease Interceptor or grease trap?

--Select--



PLAN



		WHITE WOOD ESTATE	
		LOT 1	
OWNER: THOMAS GRIMM 17401 WHITE DOGWOOD COURT MOUNT AIRY, MD 21771 410-963-5077		TAX MAP: 07 GRID: 01 PARCEL: 01 ZONED: RC-DEO ELECTION DISTRICT NO. 4TH HOWARD COUNTY, MARYLAND	
		DATE: 6/18/2025	
DESIGN:	DRAFT:	SCALE: AS SHOWN	SHEET 1 OF 1

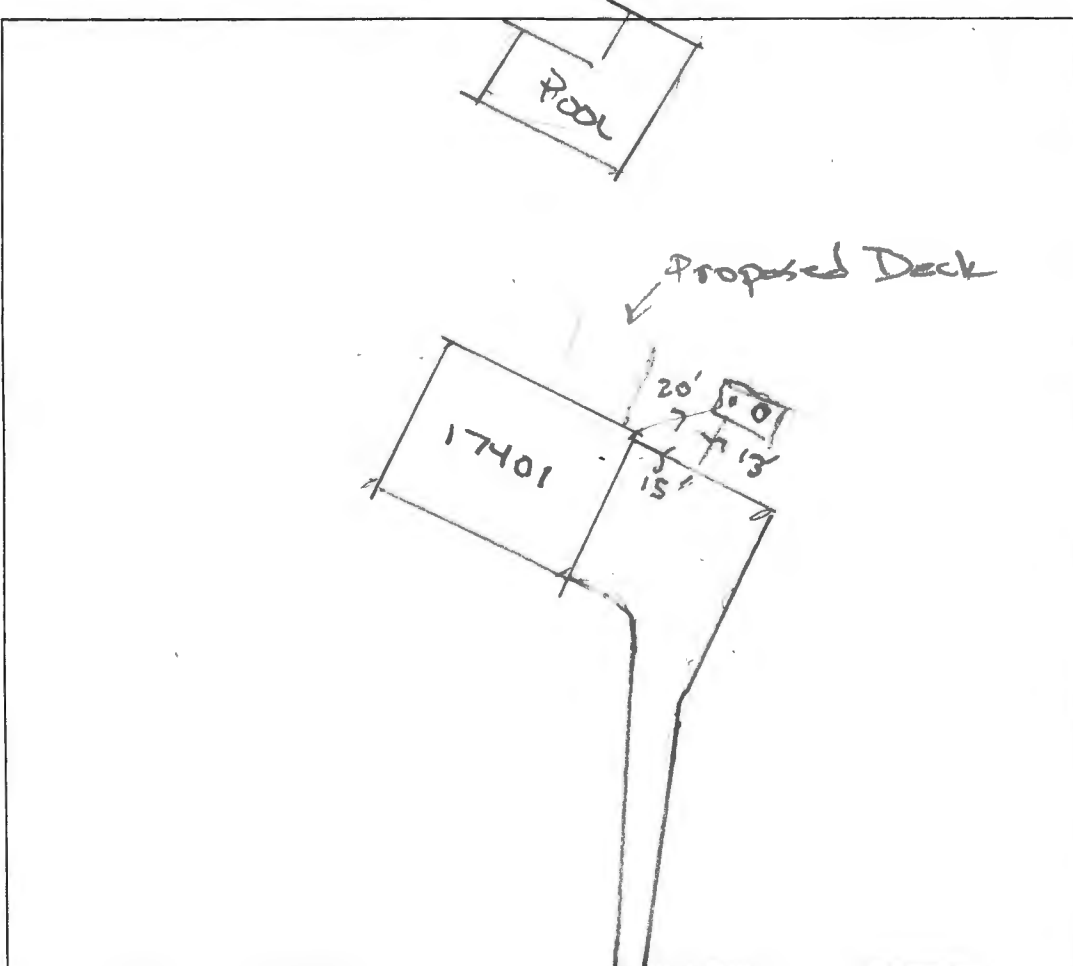
Site Visit – 6/24/25 H.O.
17401 White Dogwood Court
Mt. Airy, MD 21771



SITE INSPECTION SHEET

OWNER: Thomas Grimm PHONE #: _____
ADDRESS: 17401 White Dogwood Ct CONTRACTOR: _____
Mt. Airy MD 21771 WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: 27' L x 20' W deck (B25002109)

LOCATION DIAGRAM



COMMENTS: _____

DATE: 6/24/25 INSPECTOR: Hank Oswald