

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Case

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/03/2024

Single Entry Edit-View Record Form

Application Name

B24000001

Description

SFD/Build 20' x 9' deck with stairs on main house & Build 10' x 8' deck with stairs on outbuilding.

Online BP.
JJB 1/4/24

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Prog ✓

Assigned to Staff Current User

Zack Silvast ✓

Address (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>
<input type="checkbox"/> ↶	725		River	RD	Syke...	MD	21784				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/Region</u>	<u>I</u>
<input type="checkbox"/> ↶	Michael Means	725 River Rd.			Sykesville	MD	21784	410-800-3153	US	

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type

Applicant ✓

Primary

Yes ✓

First Name

Anthony

Middle Name

Last Name

Rubenstein

Home Phone (xx) xx-xx

Organization Name
Sunscape Deck Builders, LLC.
Mobile Phone (XXX XXX-XXXX
(410) 549-6168
E-mail
TONYR228@HOTMAIL.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
1/3/2024
Due Date
1/5/2024
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
1/5/2024

FACILITY INFORMATION
Name of Business (dba)
n/a
Associated Building Permit Number
Owner Switch Date
Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
Does the project include Private Septic? If Yes, forward to WS Program.
Is this a Prototype Food Service Facility? If Yes, refer to State.
Facility Fax
Days of Operation
Does this project have a Building Permit?
Building Permit Issued Date
Non-Profit
Does the project include Private Well? If Yes, forward to WS Program.
Does the project include Food Services? If Yes, forward to FP Program.
Facility Phone
Facility Email

PROPERTY INFORMATION
Water Source
Private
Design Wastewater Flow
Sewage Disposal
Private
Permit Type
(Number)

PLAT STATS
Total Number of buildable lots to be recorded
0
Total number of bulk parcels to be recorded
0
New buildable lots created
0
PLAT Type
--Select--
Total number of open space lots to be recorded
0
Total number of lots / parcels to be recorded
0
Date PLAT signed by Health Officer

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 copies

0

(Number)

Number of non-buildable lots created

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--

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

Interior Restaurant Seating Capacity

(Number)

(Number)

Bar Seating Capacity

Outdoor Seating Capacity

(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

(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--

691 RIVER RD
APN:1403282066

Approved Septic System Plan Howard County Health Department

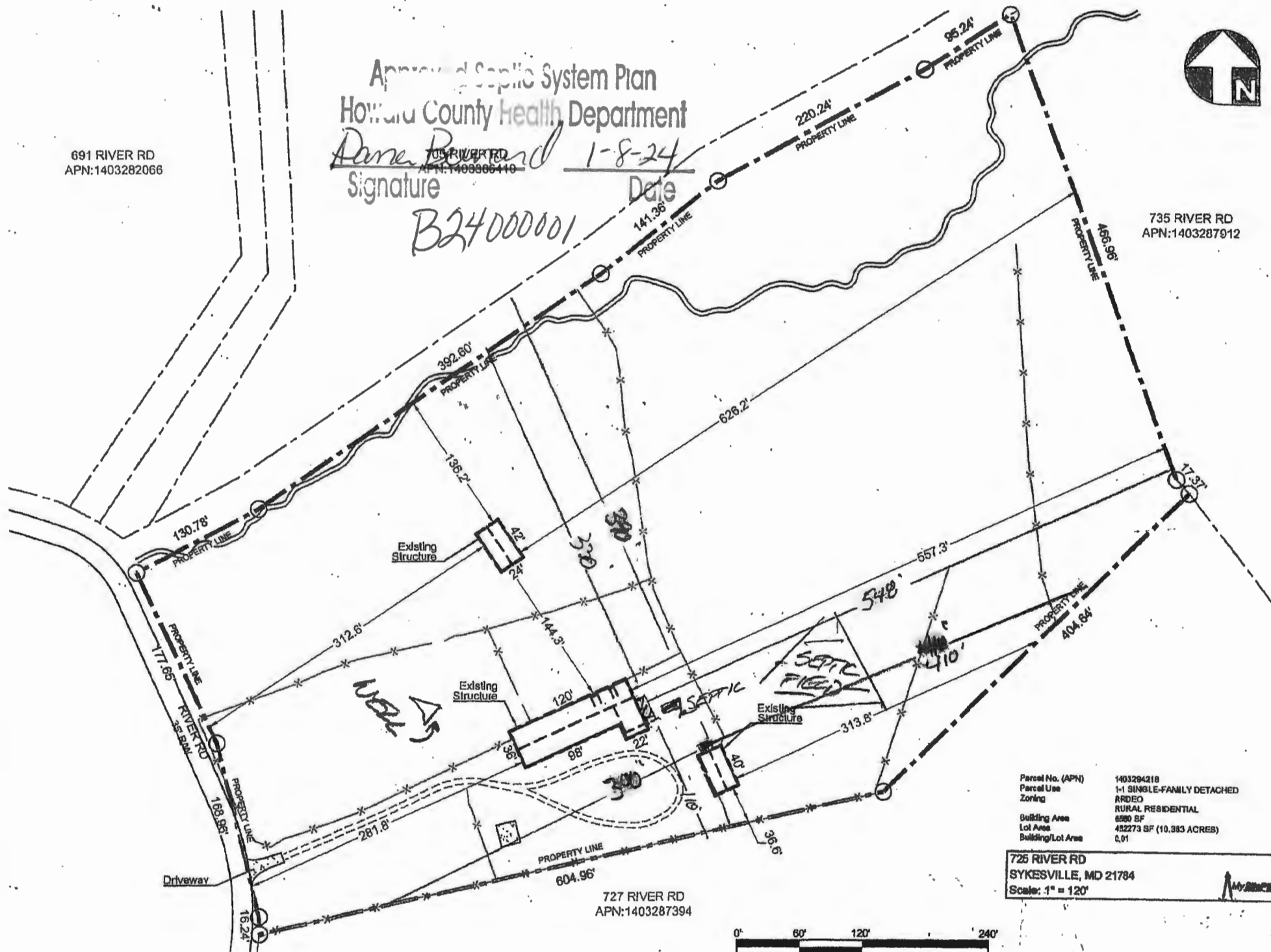
Dane Burdard
Signature

1-8-24
Date

B24000001



735 RIVER RD
APN:1403287912



Parcel No. (APN) 1403284218
Parcel Use 1-1 SINGLE-FAMILY DETACHED
Zoning ARDQ
RURAL RESIDENTIAL
Building Area 6980 SF
Lot Area 452273 SF (10.383 ACRES)
Building/Lot Area 0.01

725 RIVER RD
SYKESVILLE, MD 21784
Scale: 1" = 120'

0' 60' 120' 240'