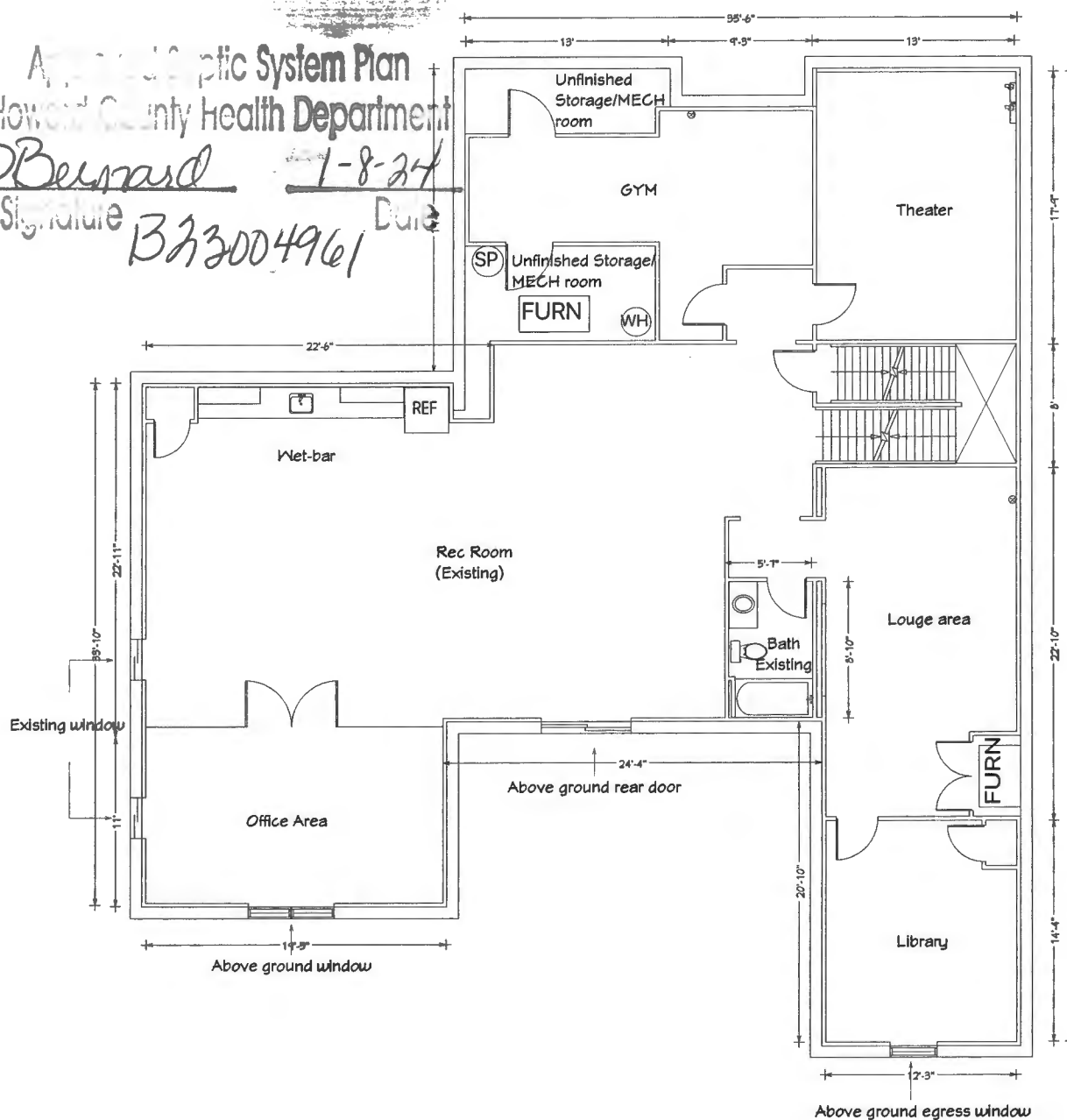


Acoustic System Plan  
Howard County Health Department  
DBernard 1-8-24  
Signature Date  
B23004961



NAME: Terry English  
EMAIL: terrywenglish5@gmail.com  
PHONE: (919) 618-2034  
ADDRESS: 10637 Reynolds Court, Ellicott City, MD, 21042

#### SCOPE OF WORK

Finish Basement with existing rec room with wet-bar, existing Bath, office, lounge area, library, gym, theater and two unfinished storage/mech room.

- \_All outlets AFCI (are Fault Protected) No gas work.
- \_Adequate combustion air is provided for all fuel- burning appliances.
- \_HVAC 120000 BTU
- \_All work shall conform to all local & national ordinances and building codes applicable to this project, including but not limited to international code-2018
- Framing Details  
2x4 spruce dimensional lumber 2x4 pressure treated lumber for bottom plates 1/2" Drywall and 1/2" Moisture resistant Drywall in the bathroom
- Insulation Details  
Perforated R11 FSK - Continuous (existing)

BASEMENT SQFT: 2209  
CEILING HEIGHT: 8'  
SPRINKLER SYSTEM: Yes

SHEET TITLE:  
Proposed Floorplan

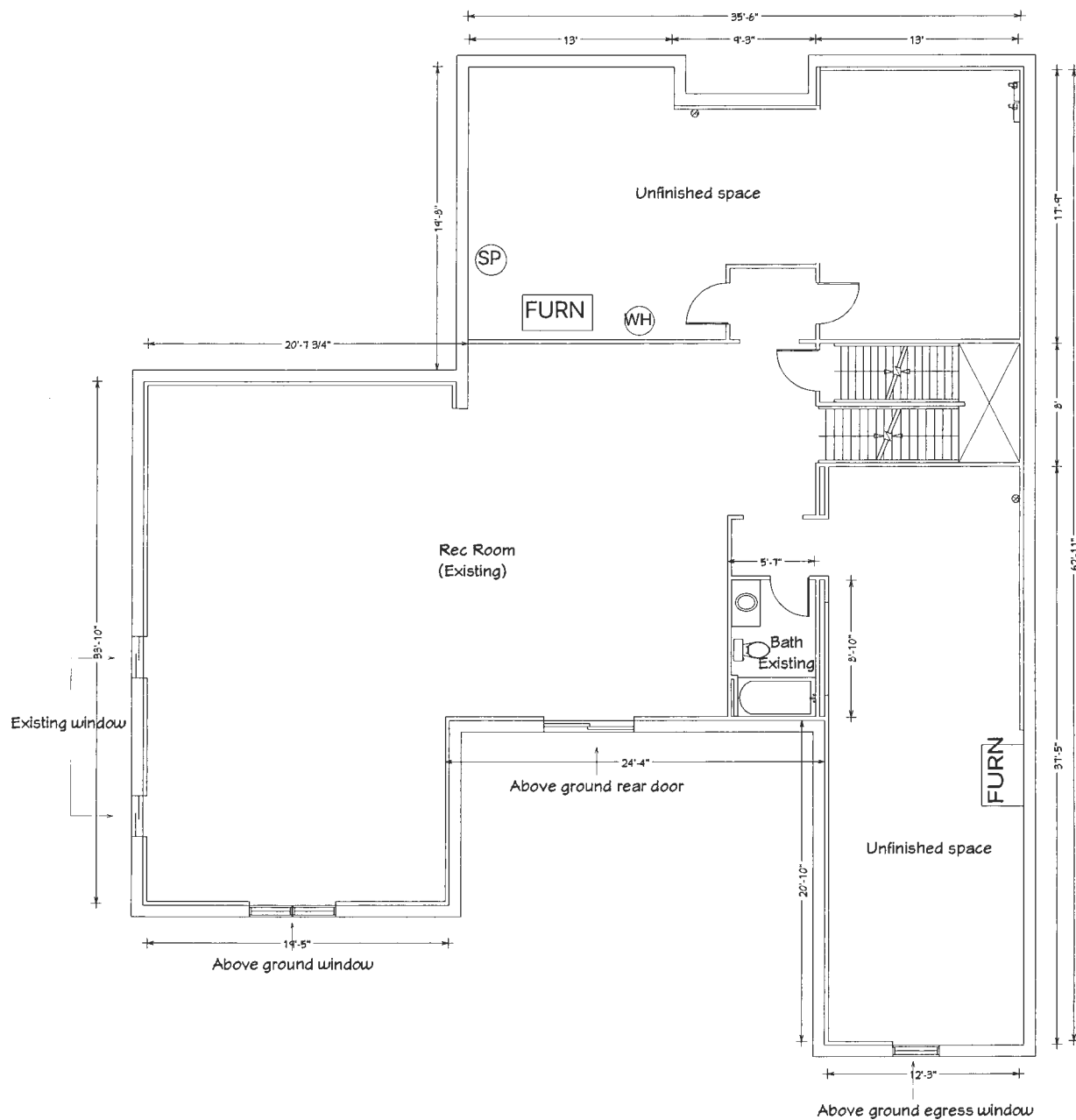
PROJECT DESCRIPTION:  
English Project  
10637 Reynolds Court,  
Ellicott City, MD, 21042

DRAWINGS PROVIDED BY:  
ACH Group LLC  
5300 Kilmer Pl,  
Hyattsville

DATE:  
12/19/23

SCALE:  
1' = 1/5"

SHEET:  
A-2



NAME: Terry English  
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City, MD, 21042

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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

01/02/2024

Single Entry Edit-View Record Form

## Application Name

B23004961

## Description

SFD/ Finished Basement with existing rec room with wet-bar, existing Bath, office, lounge area, library, gym, theater and two unfinished storage/mech room.\*\*ANY SLEEPING ROOM MUST MEET EGRESS REQUIREMENTS, SMOKE DETECTORS REQUIRED

Owner:

## Total Invoiced

0.00

## Total Paid

0.00

## Balance

0.00

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast v

## 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"/>	10637		Reynolds	CT	Ellicott City	MD	21042				

## Parcel (This section is not required.)

Search Delete Get Address &amp; 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>
<input type="checkbox"/>	Terry English	10637 Reynolds Ct.			Ellicott City	MD	21042	919-618-2034	US

## Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

## Type \*

Applicant v

## Primary

Yes v

## First Name \*

Pavel

## Middle Name

## Last Name \*

Abaev

## Home Phone ((XXX)XXX-XXXX)

Duplicate in Accela

One task now. Records online.

Online BP for review.

ZB 1/3/24

## Organization Name \*

ACH Group, LLC, DBA Basement Masters

Mobile Phone ((xxx)xxx-xxxx)

(301) 798-4444

E-mail

CONTACTS@BASEMENTMASTERS.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

12/27/2023

Due Date

12/29/2023



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

12/27/2023



## FACILITY INFORMATION

Name of Business (dba) \*

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date



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

☐ 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

Sewage Disposal

Private

Design Wastewater Flow

Permit Type

--Select--

(Number)

## 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--

## 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

## 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

## 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-- ▼