

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

B23004909

## Description

SFD/ Kitchen Renovation, Demo Load Bearing Wall between kitchen and family room.

## 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 | <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 checked="" type="radio"/> | 2750                    |                  | Wynfield           | RD                 | West...     | MD           | 21794           |                       |                                  |                  |          |

## 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/R</u> |
|----------------------------------|--------------------------|---------------------------|---------------------------|---------------------------|------------------|-------------------|----------------------|--------------|------------------|
| <input checked="" type="radio"/> | Delaney Properties, Inc. | 5258 Hayledge Ct.         |                           |                           | Columbia         | MD                | 21045                | 617-290-5201 | US               |

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

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

## Type \*

Applicant ▼

## Primary

Yes ▼

## First Name \*

Jaouad

## Middle Name

## Last Name \*

Zouine

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

Online BP for review.

Record files are online.

38 1/3/24

Approved 1/3/24  
H.G.

## Organization Name \*

Blackstone Kitchen &amp; Bath, LLC

Mobile Phone ((xxx)xxx-xxxx)

(410) 449-1020

E-mail

JOE@BLACKSTONEKITCHENANDBATH.COM

Business Phone ((xxx)xxx-xxxx)

## Preferred Channel

--Select--

## Applicant Address

New

Look Up

Deactivate

Remove

| Contact Address ID | Address Type | Address Line 1 | City | State | Zip | Primary | Recipient | Status |
|--------------------|--------------|----------------|------|-------|-----|---------|-----------|--------|
| 0 record(s) found. |              |                |      |       |     |         |           |        |

## Custom Fields

## DATE TRACKING

Received Date

12/22/2023

Due Date

12/27/2023

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

12/22/2023

## 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

## 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

(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?

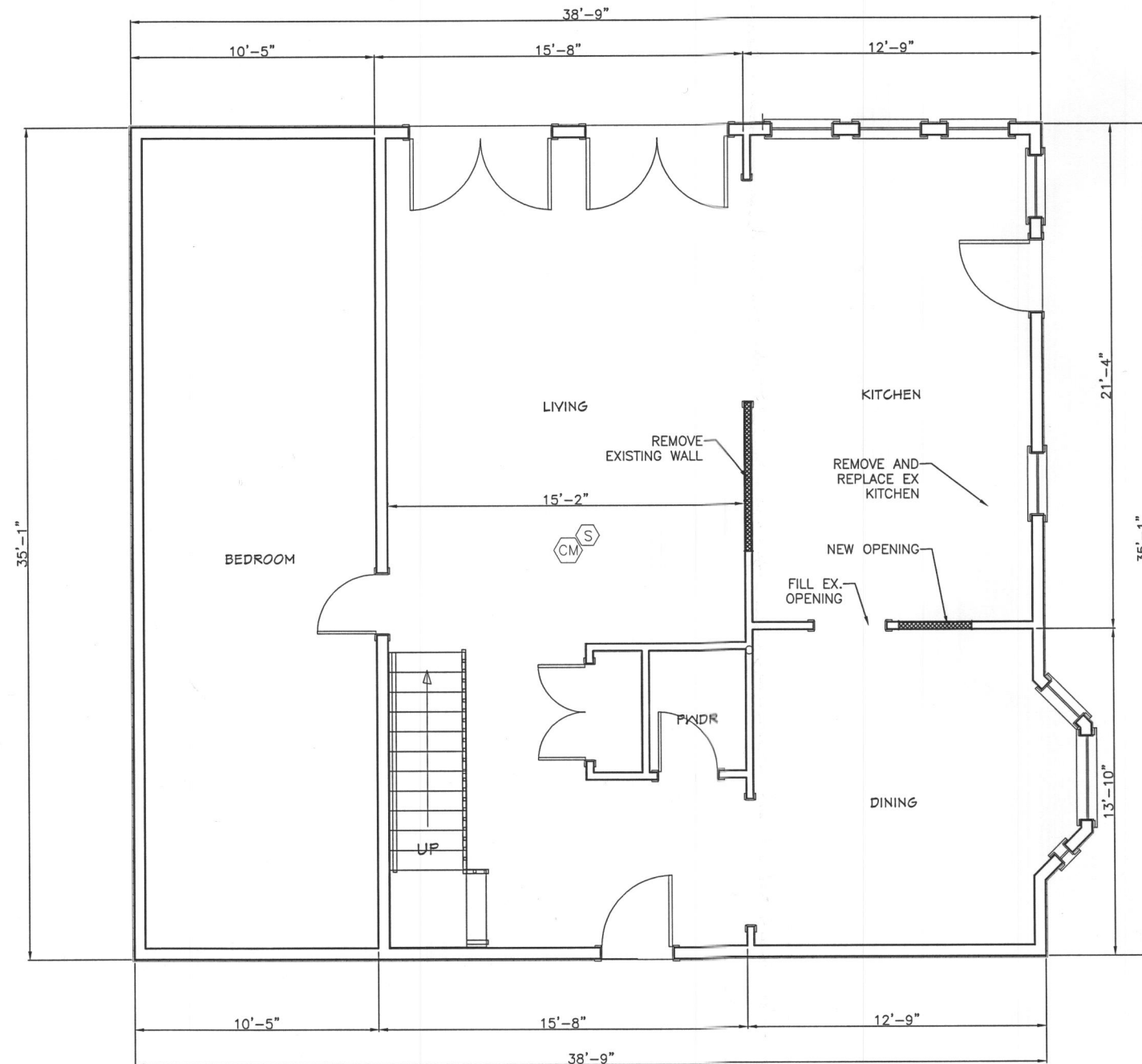
--Select-- ▼

## Will there be a grease receptacle?

--Select-- ▼

# WALL SYMBOLS

| TYPE  | DESCRIPTION               |
|---|---------------------------|
|  | EXISTING WALLS DEMOLITION |
|  | EXISTING WALLS            |
|  | PROPOSED STUD WALL        |
|  | NEW CMU WALL              |



## EXISTING FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

### NOTES:

1. FOR GENERAL NOTES SEE DRAWING S1 AND S2.
2. REMOVE EXISTING LOAD BEARING WALLS AS SHOWN ON PLAN. PROVIDE TEMPORARY SUPPORT THE FLOOR ABOVE AND BELOW AS REQUIRED DURING WALL REMOVAL AND BEAM PLACEMENT.
3. REMOVE EXISTING KITCHEN AND REPLACE IT WITH NEW KITCHEN.
4. ALL WORK SHALL BE DONE ACCORDANCE WITH HOWARD COUNTY BUILDING CODE.

## ARENCO LLC

ARCHITECTS  
ENGINEERS  
CONSTRUCTION MANAGERS  
12430 HILL CREST  
FULTON, MD 20759  
TEL (240) 418 1399 . FAX (888) 374 6418

PROJECT TITLE  
INTERIOR RENOVATION  
PROJECT ADDRESS  
2750 WYNFIELD RD  
WEST FRIENDSHIP, MD 21794

SHEET TITLE  
FIRST FLOOR DEMO PLAN

### DISCLAIMER

PROFESSIONAL CERTIFICATION:  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 23261 EXPIRATION DATE: 04/24/2025



PROJECT NUMBER  
R23-292

DRAWN BY  
SP

APPROVED BY  
PP





DATE  
11/01/23



SCALE  
AS SHOWN

DRAWING

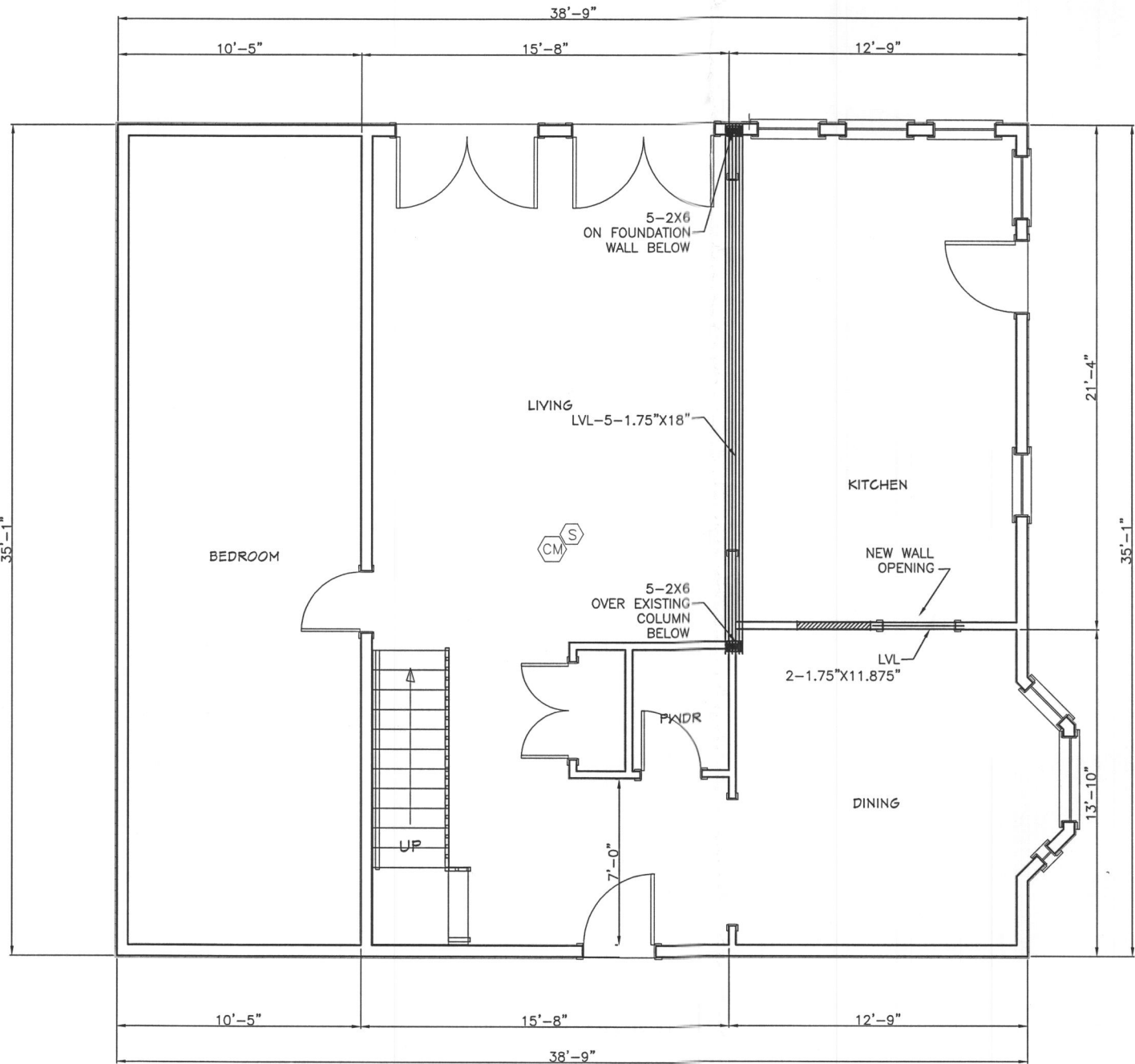
S3

WALL SYMBOLS

| TYPE  | DESCRIPTION               |
|---|---------------------------|
|  | EXISTING WALLS DEMOLITION |
|  | EXISTING WALLS            |
|  | PROPOSED STUD WALL        |
|  | NEW CMU WALL              |

-  HARDWIRED AND INTERCONNECTED SMOKE ALARM
-  HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM -UL 2034

- NOTES:
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PROPOSED FIRST FLOOR PLAN  
SCALE: 1/4" = 1'-0"

ARENCO LLC

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12430 HILL CREST  
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PROJECT NUMBER  
R23-292

DRAWN BY  
SP

APPROVED BY  
PP

DATE  
11/01/23

SCALE  
AS SHOWN

DRAWING

S5