

Approved MRE  
11/30/23

Menu Save Reset Cancel Help

### Record Detail \* (This section is required.)

#### Case #

EH-PLANS-23-0

#### Type

EnvHealth/Environmental Health/Plan Check/Application

#### Status

In Review

#### Opened Date

11/21/2023

Single Entry Edit-View Record Form

#### Application Name

B23004559

#### Description

BELMONT MANOR/ HOWARD COUNTY RECREATION & PARKS/ 60x100 event tent on tent pad to be used for rental events November 2023- April 2024 or until such time as the maintenance agreement is amended and the tent is removed. Temporary tent. No food prep.

#### 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

Online BP.  
g8 11/29/23

### 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"/>	<input type="checkbox"/>	<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	U	
<input type="checkbox"/>	6555		Belmont...	RD	Elkr...	MD	21075					

### 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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/Regio			
<input type="checkbox"/>	HOCO	3430 Court House Drive			Ellicott City	MD	21043	410-313-0200	US			

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

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

#### Type \*

Applicant

#### Primary

Yes

#### First Name \*

Dave

#### Middle Name

#### Last Name \*

Reedy

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

#### Organization Name \*

Party Palace, LLC.

**Mobile Phone** ((XXX)XXX-XXXX)  
(410) 836-0085**E-mail**

dave@partypalacerental.com

**Business Phone** ((XXX)XXX-XXXX)**Preferred Channel**

--Select--

**Applicant Address****New**   **Look Up**   **Deactivate**   **Remove**

<input type="checkbox"/> <b>Contact Address ID</b>	<b>Address Type</b>	<b>Address Line 1</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Primary</b>	<b>Recipient</b>	<b>Status</b>
<input type="checkbox"/> 830128671	Mailing	1615 Robin Circle, ...	Forest Hill	MD	21050	<input checked="" type="radio"/>		Active

**Custom Fields****DATE TRACKING****Received Date**

11/21/2023

**Due Date**

12/5/2023

**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**

11/21/2023

**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**

(Text)

**Days of Operation**

(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**

(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**

(Number)

**Total number of open space lots to be recorded**

(Number)

**Total number of bulk parcels to be recorded**

(Number)

**Total number of lots / parcels to be recorded**

(Number)

**New buildable lots created**

(Number)

**Date PLAT signed by Health Officer****PLAT Type**

--Select--

**DEVELOPMENT PLANS****Property Type**

Commercial ▼

**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 an 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 an impervious surface?**

--Select-- ▼

**Will there be a grease receptacle?**

--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

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

☐ Yes ☐ No

Are ceiling rafters exposed ?

☐ Yes ☐ No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

☐ 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

--Select--

B. Contour plan included

--Select--



C. Top and sectional views provided

--Select--

Comments

## AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

1. vertical openings &gt; 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

**AF INFORMATION****Plan Review Type**

--Select-- ▼

**Aquatic Facility Project Description**

(Text)

**County Building Permit Number****Expected Completion of Construction**

(Text)

**Total Aquatic Facilities at Venue****Sewer Service**

--Select-- ▼

(Number)

**Water Service**

--Select-- ▼

**County Plumbing Permit Number**

(Text)

**County Electrical Permit Number**

(Text)

**AF DECKS****A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'.**

--Select-- ▼

**C. The slope of the deck is away from the pool or spa, towards points of disposal**

--Select-- ▼

**E. An expansion joint between the coping and the deck is sealed with a water tight sealant.**

--Select-- ▼

**G. Accessible hose bibs on the deck at 150 foot intervals**

--Select-- ▼

**Comments****B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17)**

--Select-- ▼

**D. The deck has deck drains or other disposal points.**

--Select-- ▼

**F. The deck's surface is slip resistant, nonskid & cleanable**

--Select-- ▼

**H. Note: Additional requirements if deck surface is not concrete**

--Select-- ▼

**AF EQUIPMENT ROOM****A. The facility has an equipment room that houses the pool and/or spa circulation**

--Select-- ▼

**C. A minimum ceiling height of 7'6"**

--Select-- ▼

**E. A lockable entrance that allows complete access to the room**

--Select-- ▼

**G. Ventilation sized at 2 cubic feet per minute per square foot of floor area**

--Select-- ▼

**I. A water resistant data sheet (COMAR 10.17.01.23)**

--Select-- ▼

**B. Weather tight construction and adequate area for safe access to equipment**

--Select-- ▼

**D. A waterproof floor that drains to a floor drain**

--Select-- ▼

**F. A minimum of 20 foot candles of artificial illumination**

--Select-- ▼

**H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment**

--Select-- ▼

**Comments****AF CIRCULATION SYS & COMP****A. Presence and proper placement of both the influent and effluent pressure gauges**

--Select-- ▼

**C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate**

--Select-- ▼

**E. Presence of sight glass and manually operated air release valve**

--Select-- ▼

**a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow**

--Select-- ▼

**G. Head Loss Calculations**

--Select-- ▼

**2. Determination of a clean and dirty total dynamic head**

--Select-- ▼

**I. Filter Capacity**

--Select-- ▼

**2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate**

--Select-- ▼

**J. Ensure the pool is not interconnected with a spa or wading pool**

--Select-- ▼

**L. Verify that the manufacturer and model number information are provided for items listed in "K"**

--Select-- ▼

**N. Vacuum Systems**

--Select-- ▼

**2. For circulation systems with greater than 4 skimmers the vacuum system is separate**

--Select-- ▼

**4. Verify the vacuum line connection is prior to pump hair and lint strainer**

--Select-- ▼

**P. Note: see regs for Carbon Dioxide feeders & Ozone Systems**

--Select-- ▼

**B. A vacuum or compound gauge on the influent side of the pump**

--Select-- ▼

**D. A thermometer on the return line to pool or spa when heated**

--Select-- ▼

**F. Turnover rates (COMAR 10.17.01.25)**

--Select-- ▼

**b. Flow through a circulation system is between the minimum turnover rate and the design**

--Select-- ▼

**1. Calculation of piping head loss using the Hazen-Williams formula**

--Select-- ▼

**H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom**

--Select-- ▼

**1. Filter operates within the filter design rate**

--Select-- ▼

**3. Pump curves for pool pumps are provided**

--Select-- ▼

**K. Verify that circulation systems components are NSF approved by ANSI**

--Select-- ▼

**M. Verify that the chemical feeder can provide the minimum disinfectant residual**

--Select-- ▼

**1. System is available for cleaning the pool or spa floor**

--Select-- ▼

**3. Verify the vacuum line connection is prior to pump hair and lint strainer**

--Select-- ▼

**O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded**

--Select-- ▼

**Comments**

**AF DIVING AREA AND EQUIPMENT**

A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 &amp; ANSI/NSPI-1 2003 Comments

--Select-- ▼

**AF SUCTION ENTRAPMENT**

A. Main drain line for pool is connected to a minimum two main drain outlets

--Select-- ▼

C. Drain will be covered with a securely attached drain cover

--Select-- ▼

E. Virginia Graeme Baker (VGB) Compliant

--Select-- ▼

Comments

B. A vacuum fitting is capped and a line valve is in the closed position when not in use

--Select-- ▼

D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer

--Select-- ▼

F. Equalizer covers are VGB Compliant

--Select-- ▼

**AF ILLUMINATION**

A. Even illumination of water, deck and walkways

--Select-- ▼

1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck

--Select-- ▼

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light

--Select-- ▼

B A combination of underwater lighting and deck lighting so that

--Select-- ▼

2. Overhead lighting yields 2 watts per sqft of required deck area

--Select-- ▼

Comments

**AF VENTILATION OF AN INDOOR AF**

A. A ventilating system capable of:

--Select-- ▼

1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or

--Select-- ▼

2. Dehumidifying the recirculated air from the enclosed area

--Select-- ▼

Comments

**AF PLUMBINGWATER SPL&DISPOSAL**

C. Riser diagram for potable water and source of water supply

--Select-- ▼

E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand

--Select-- ▼

1. Backflow protection is provided for a potable water supply and for wastewater

--Select-- ▼

2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level

--Select-- ▼

3. Backflow protection where the water enters the facility or nearby fill connections to the pool

--Select-- ▼

1. Verify whether discharge is to sanitary or storm sewer

--Select-- ▼

Comments

D. Has at least one drinking fountain for every 5,000 square feet of water surface area

--Select-- ▼

F. Backflow Protection

--Select-- ▼

A. Permitted with DILP for all applicable State (COMAR) &amp; local plumbing requirements

--Select-- ▼

B. Riser diagram for sewerage and method of disposal

--Select-- ▼

G. Backwash discharge

--Select-- ▼

2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed

--Select-- ▼

**AF BATHHOUSE FACILITY**

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility

--Select-- ▼

2. One water closet, lavatory and urinal shall be provided for the first 100 male users.

--Select-- ▼

4. A minimum of two shower heads is provided for each sex for the first 100 users

--Select-- ▼

6. Soap dispensers for liquid or dry powdered soap provided for each lavatory

--Select-- ▼

8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users

--Select-- ▼

10. Adequate lighting and ventilation provided for each restroom facility

--Select-- ▼

12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning

--Select-- ▼

1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a pool

--Select-- ▼

3. Two water closets and lavatories shall be provided for the first 100 female users

--Select-- ▼

5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device

--Select-- ▼

7. Toilet paper holders &amp; toilet paper shall be provided for each water closet (ANSI/NSPI-1)

--Select-- ▼

9. Baby changing table provided (ANSI/NSPI-1 19.6.12)

--Select-- ▼

11. Floors have a slip resistant surface with adequate floor drains

--Select-- ▼

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

--Select--

▼

C. Available ADA self operating handicap lifts , ramps and or transfer walls

--Select--

▼

B. Pool or Spa Gates, Doors Entrances and Exits

--Select--

▼

Comments

AF BATHER LOAD

A. Number of people in 5ft or less for every 12 sq ft

(Text)

B. Number of people in 5ft or more for every 15 sq ft

(Text)

C. Number of people in diving area for every 300sq ft

(Text)

AF MISCELLANEOUS

Adequate Pool Chemistry Test Kit

--Select--

▼

Adequate First Aid Equip and Signs

--Select--

▼

Comments

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

Associated GIS Features (This section is not required.)

GIS	Delete
<input type="checkbox"/> Feature ID	Layer
	Service
	Primary
0 record(s) found.	

Submit Cancel