

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
05/16/2025

Single Entry Edit-View Record Form

Application Name
B25001866

Description
SFD/ CONSTRUCT 26' X 26' (1) CAR GARAGE, 1 STORY, Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE
= Detached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

Online BP. 5/24/25

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		Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="radio"/>				13490		Villadest	DR	High...	MD	20777				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
<input type="checkbox"/>	<input checked="" type="radio"/>												

0 record(s) found.

Owner (This section is not required.)

Search	Delete	Set Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/>	<input checked="" type="radio"/>		Roger Sterling	13490 Villadest Dr.			Highland	MD	20777		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Roger

Middle Name

Last Name *
Sterling

Home Phone (XXXX)XXX-XXXX

Approved Septic System Plan
Howard County Health Department

Bernard 5-28-25
Signature Date

Within Required setbacks
As Shown.

Organization Name *

n/a
Mobile Phone ((XXX)XXX-XXXX)
(301) 466-3645
E-mail
rogersterling31@gmail.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 5/16/2025, Due Date: 6/2/2025
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: 5/16/2025

FACILITY INFORMATION

Name of Business (dba) *: n/a
Associated Building Permit Number
Owner Switch Date
Does the project include an Aquatic Facility...?
Does the project include Private Septic...?
Is this a Prototype Food Service Facility...?
Facility Fax: 0
Days of Operation: 0
Does this project have a Building Permit?
Building Permit Issued Date
Non-Profit
Does the project include Private Well...?
Does the project include Food Services...?
Facility Phone: 0
Facility Email: 0

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
Total number of open space lots to be recorded: 0
Total number of bulk parcels to be recorded: 0
Total number of lots / parcels to be recorded: 0
New buildable lots created: 0
Date PLAT signed by Health Officer
PLAT Type: --Select--
Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type Residential <input type="button" value="v"/>	Plan Version Initial <input type="button" value="v"/>
Signature Required <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type --Select-- <input type="button" value="v"/>	

FOOD ESTABLISHMENT FACILITY

Priority Assessment --Select-- <input type="button" value="v"/>	Licensed Type --Select-- <input type="button" value="v"/>
License Category --Select-- <input type="button" value="v"/>	

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-- <input type="button" value="v"/>	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 <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> 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-- <input type="button" value="v"/>
---	---

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? Will there be a grease receptacle?
--Select-- --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 Kitchen Cove Base
--Select-- --Select--
Storage - Food Storage Flooring Storage - Food Storage Cove
--Select-- --Select--
Utensil Washing Area Flooring Utensil Washing Area Cove
--Select-- --Select--
Dressing / Locker Room Flooring Dressing / Locker Room Cove
--Select-- --Select--
Toilet Area Flooring Toilet Area Cove
--Select-- --Select--
Walk-in Refrigerator Flooring Walk-in Refrigerator Cove
--Select-- --Select--
Kitchen Walls Utensil Washing Area Walls
--Select-- --Select--
Restroom Walls Are Kitchen Ceilings tiles smooth non-fiberglass backing?
--Select-- Yes No
Are ceiling rafters exposed? Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
 Yes No Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.
 Yes No (Text)

AF OWNERS STATEMENT

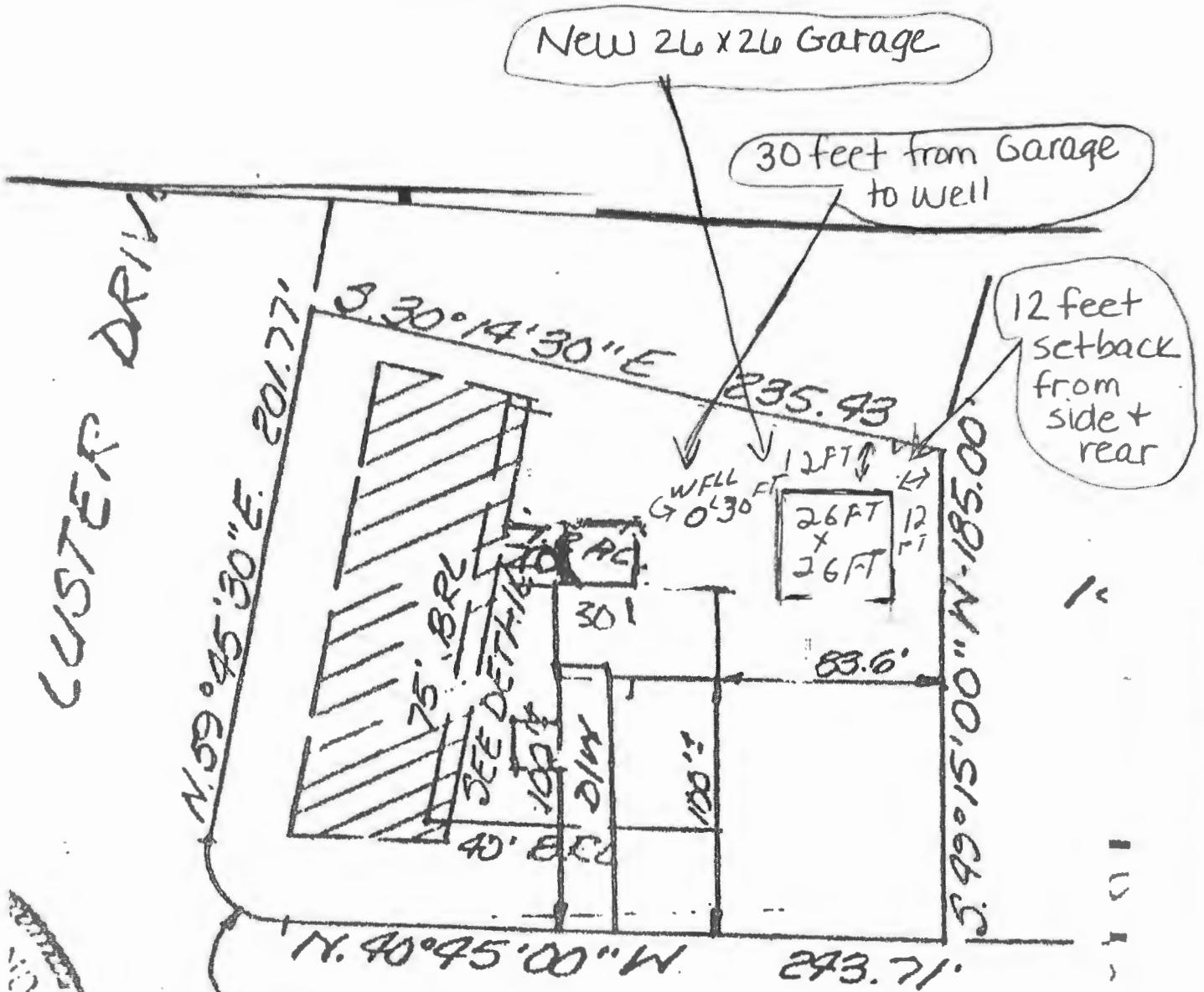
Owner's Statement Provided Comments - Owner
--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect B. Contour plan included
--Select-- --Select--
C. Top and sectional views provided Comments
--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches
--Select-- --Select--
C. Fence pickets or barrier openings do not exceed 4 Inches D. A barrier with horizontal members less than 45 inches apart measured top to top does not have
--Select-- --Select--
1. vertical openings > 1-3/4 inches in width 2. horizontal members on the outside of the fence
--Select-- --Select--
E. The barrier main access gate: 1. is located toward the shallow end of the pool
--Select-- --Select--
2. has a latch release at least 54 inches from grade level and is lockable 3. minimum width of 4 feet and is hung to open away from the pool or spa
--Select-- --Select--



$R = 25.00'$
 $R = 43.86'$

VILLAD'EST DRIVE

Scale 1-100
 Confirmed with Homeowner
 Information provided
 Approved as Shown