

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
06/13/2025

Single Entry Edit-View Record Form

Application Name
B25002180

Description
Voices for Children / A Vintage Affair will install (via ABC Tent Rental) a 40 X 60 TEMPORARY TENT FOR ONE DAY fundraiser event on September 26, 2025 (INSTALL September 25, 2025 & REMOVE September 29, 2025) NO FOOD PREPARATION UNDER TENT**TENT CANNOT BLOCK ANY HANDICAPPED PARKING SPACES OR FRONT ENTRANCE TO BUILDING, SUBJECT TO FIELD INSPECTION**

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.
8/2 6/16/25

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"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>					3691		Saraha	LN	Ellic...	MD	21043			

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"/>	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"/>	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="checkbox"/>			HOCO	3430 Court House DR.			Ellicott City	MD	21043		US	

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant Primary

Yes

First Name *
Erica

Middle Name

Last Name *
Byrne

Home Phone (xxx)xxx-xxxx
(443) 878-2962

Approved Septic System Plan
Howard County Health Department
Deunard 6-27-25
Signature Date

Organization Name *

Voices for Children, Inc

Mobile Phone ((xxx)xxx-xxxx)

E-mail

ebyme@voicesforchildren.org

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

6/13/2025

Due Date

6/30/2025

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

6/13/2025

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

(Number)

Permit Type

--Select--

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--

Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type Commercial ▾	Plan Version Initial ▾
Signature Required <input type="radio"/> Yes <input type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copies 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-- ▾	

FOOD ESTABLISHMENT FACILITY

Priority Assessment --Select-- ▾	Licensed Type --Select-- ▾
License Category --Select-- ▾	

FOOD ESTABLISHMENT INFORMATION

Hours of Operation _____ (Text)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally, What is the start month? _____ (Text)	Are pets allowed in a outdoor seating area? <input type="radio"/> Yes <input type="radio"/> No
Full Bar? <input type="radio"/> Yes <input type="radio"/> 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 <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-- ▾
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