

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case # EH-PLANS-25-0
Type EnvHealth/Environmental Health/Plan Check/Application

Status Received
Opened Date 09/17/2025

Single Entry Edit-View Record Form
Application Name M25001282

Description REPLACE EXISTING HVAC WITH GEOTHERMAL SYSTEM USING VERTICAL WELLS AND EXISTING DUCTWORK, SOME DUCT CHANGES WILL BE MADE TO ACCOMMODATE NEW UNIT; INSTALLING (1) W5AV036 3- TON WATERFURNACE GEOTHERMAL UNIT.

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Assigned to Department Well and Septic Progr
Assigned to Staff Kevin Wolf

Approved
9/22/2025
SP

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"/>					8380		Sunset	DR	Elli...	MD	21043			

Parcel (This section is not required.)

Search	Delete	Get Address & Owner		Set Primary											
<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"/>	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"/>		Karl Belhmann	8380 Sunset Drive			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 * Michael

Middle Name

Last Name * Cullum

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Ground Loop Heating & Air Conditioning, Inc.

Mobile Phone (xxx)xxx-xxxx

(410) 836-1706

E-mail

CAITLIN@GROUNDLOOP.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

9/17/2025

Due Date

10/1/2025

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

9/17/2025

FACILITY INFORMATION

Name of Business (dba) *

/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

Public

Sewage Disposal

Public

Design Wastewater Flow

(Number)

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0 (Text)

Number of paper copies

0 (Number)

Number of mylar copes

0 (Number)

Number of buildable lots created

Number of non-buildable lots created

<input type="text" value="0"/> (Number)	<input type="text" value="0"/> (Number)
Total Number of Lots	Associated Plans
<input type="text" value="0"/> (Number)	<input type="text"/>

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 (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--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received Yes No Date HACCP Approved by the State

Date HACCP Plan Submitted HACCP Plan Approved