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Record Detail * (This section is required.)

Case # EH-PLANS-26-0
Type EnvHealth/Environmental Health/Plan Check/Application
Status In Review

Opened Date 03/24/2026
Single Entry Edit-View Record Form

Application Name B26000838
Description SFD/ ALTERATIONS TO INCLUDE REMODEL FULL BATH ON 1ST FLOOR AND MASTER BATH ON SECOND FLOOR; REBUILD EXISTING 1ST FLOOR REAR DECK w/ STAIRCASE (SAME SIZE & LOCATION), REPLACE / SISTER A SINGLE DAMAGED ROOF JOIST / TRUSS,

Online BP. g8 3/25/26

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.)

Table with columns: Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 6635, Prestwick, DR, High..., MD, 20777

Parcel (This section is not required.)

Table with columns: Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Row 1: 0 record(s) found.

Owner (This section is not required.)

Table with columns: Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region. Row 1: Graham Hubler, 6635 Prestwick Drive, 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 * Gina
Middle Name
Last Name * Campbell
Home Phone ((xxx)xxx-xxxx)

Approved Septic System Plan
Howard County Health Department
Signature: D Bernard
Date: 4-14-26

Organization Name *

NW2 Engineers
 Mobile Phone (xxx)xxx-xxxx
 (410) 491-3246
 E-mail
 gina@nw2engineers.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: 3/24/2026
 Due Date: 4/7/2026
 Dates to Complete: 14 (Number)
 Received by Food:
 Food Review Type: --Select--
 Equipment Specification Sheet:
 Equipment Specification Sheets Submitted:
 Received by Community Hygiene:
 Received by Well and Septic: 3/24/2026

FACILITY INFORMATION

Name of Business (dba) *: n/a (Text)
 Associated Building Permit Number: (Text)
 Owner Switch Date:
 Does this 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
 Design Wastewater Flow: 0 (Number)
 Sewage Disposal: Private
 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

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

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

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--