Howard County Health Department

Office of the Health Officer
8930 Stanford Drive, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health

DATE: February 23, 2026

TO: Mr. Glen McDonald (Applicant)
9050 Junction Drive 5054A 10
Annapolis Junction, MD 20701

Sent via email to*: gmcdonald@brightkey.net*

RE: Building Permit # B25004298

Dear Mr. McDonald:

This letter is in response to building permit **B25004298**. The building permit application and plans indicate that the proposed work includes x-ray related equipment that will need to be reviewed and registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any Date questions, you may contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been approved by this Department. I may be reached at (410) 313-2775 if you would like to discuss the project in more detail.

Respectfully,

Dana Bernard

Dana Bernard,
Environmental Health Specialist II, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

Menu Save Reset Cancel Help

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

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
02/06/2026

Send an x-ray letter. gs 2/12/26

_Single Entry Edit-View Record Form

Application Name
B25004298

Description
BRIGHT KEY/* UNPERMITTED WORK* INTERIOR ALTERATIONS TO INCLUDE EXPANSION OF AN XRAY WORK ROOM AND CREATION OF 8 X 12 OFFICE IN EXISTIMG WAREHOUSE BUILDING

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Progra

Assigned to Staff Current User
Zack Silvast

Address * *(This section is required.)*

New Search Delete Set Primary

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Owner *(This section is not required.)*

Search Delete Set Primary

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Glen

Middle Name

Last Name *
McDonald

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Bright Key Inc

Mobile Phone ((XXX)XXX-XXXX)
(301) 325-1053

E-mail
gmcdonald@brightkey.net

Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Approved Septic System Plan
Howard County Health Department
D Bernard 2-23-26
Signature Date

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
2/6/2026

Due Date
2/20/2026

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
2/6/2026

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, foward 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

Design Wastewater Flow
0
(Number)

Sewage Disposal
Public

Permit Type
--Select--

PLAT STATS

Total Number of buildable lots to be recorded
0 (Number)

Total number of bulk parcels to be recorded
0 (Number)

New buildable lots created
0
(Number)

PLAT Type
--Select--

Total number of open space lots to be recorded
0 (Number)

Total number of lots / parcels to be recorded
0 (Number)

Date PLAT signed by Health Officer

Date Preliminary Plan Signed by HO

☐ **Extension Granted**

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 copes
0
(Number)

Number of non-buildable lots created
0
(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required
○ Yes ○ No

Proposed Septic System Type
--Select--

Coordinate State Review
○ Yes ○ No

FOOD ESTABLISHMENT FACILITY

Priority Assessment
--Select--

License Category
--Select--

Licensed Type
--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

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

Toilet Area Cove