

Record Detail * (This section is required.)

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
09/19/2025

Single Entry Edit-View Record Form

Application Name
B25003704

Description
SFD/ CONSTRUCT 18 x 36 RECTANGULAR Concrete NON DIVING Pool with 465 Square Foot Paver Patio, AUTOCOVER AND FENCE TO CODE**SUBJECT TO FIELD INSPECTION**

online BP. JB 9/22/25 Approve 10/24/25 RUC

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											
☐	<u>Primary</u>	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>		
☐	☒	13540		Paterna...	DR	High...	MD	20777						

Parcel (This section is not required.)

Search	Delete	Get Address & Owner										Set Primary	
☐	☒	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											
☐	☒	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Regi		
☐	☒		Heather McCabe	13540 Paternal Gift 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 *
Brad

Middle Name

Last Name *
Hull

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Coastal Pools

Mobile Phone (xxx)xxx-xxxx

(410) 827-0888

E-mail

permits@coastalpoolbuilders.net

Business Phone (xxx)xxx-xxxx

Preferred Channel

--Select--

Applicant Address

New	Look Up	Deactivate	Remove							
Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status		
0 record(s) found.										

Custom Fields

DATE TRACKING

Received Date

9/19/2025

Due Date

10/3/2025

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

9/19/2025

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, foward to WS Program.

Yes

No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes

No

Facility Fax

(Text)

Days of Operation

(Text)

Does this project have a Building Permit?

Yes

No

Building Permit Issued Date

Non-Profit

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

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Design Wastewater Flow

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes

No

Number of paper copies

0 (Number)

Number of buildable lots created

Plan Version

Initial

Engineer

0 (Text)

Number of mylar copes

0 (Number)

Number of non-buildable lots created

0
(Number)
Total Number of Lots
0
(Number)

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--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

Are pets allowed in a outdoor seating area?

Yes

No

If Operating Seasonally. What is the start month?

(Text)

Full Bar?

Yes

No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Interior Restaurant Seating Capacity

(Number)

Outdoor Seating Capacity

(Text)

Number of Restrooms

(Number)

Bar 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 Plan Submitted

Date HACCP Approved by the State

HACCP Plan Approved

