

Menu

Save

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Help

Record Detail * (This section is required.)

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
10/03/2025

Single Entry Edit-View Record Form

Application Name
B25004126

Description
SUITE ONE/ ONE LOVE HOLDINGS INC/PARTIAL CONVERSION OF EXISTING WAREHOUSE TO NEW 4,123 SF
MERCANTILE SPACE FOR MARIJUANA DISPENSARY

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department
Well and Septic Progre

Current Department

Assigned to Staff
Zack Silvast

Current User

Online BP. 8/8 10/6/25

Approved RLE
10/17/2025

Address * (This section is required.)

New	Search	Delete	Set Primary									
☐ Primary	<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>	
☐ ☒	8160		Lark Brown	RD	Elkr...	MD	21075			SUITE	1	

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/Region		
☐	☒	8160 LBPB LLC.	8160 lark Brown Rd.	STE 1		Elkridge	MD	21075		US		

Applicant * (This section is required.)

SearchAs OwnerAs Lic. ProfAs Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Edward

Middle Name

Last Name *
Nottingham

Home Phone ((xxx)xxx-xxxx)

Organization Name *
Vision DDB LLC

Mobile Phone ((xxx)xxx-xxxx)
(443) 677-0985

E-mail
ednotty@visionddb.com

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
10/3/2025

Dates to Complete
14
(Number)

Food Review Type
--Select--

Equipment Specification Sheet

Received by Well and Septic
10/3/2025

Due Date
10/03/2025

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

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
(Number)

Sewage Disposal
Public

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
Commercial

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

https://eh_howarbbs-prod-av.accela.com/portlets/cap/CapBySingle.do?mode=edit&fromModel=myCap&spaceName=spaces.eh_howarbbs.ehplans25...

2/7

0

(Number)

Total Number of Lots

0

(Number)

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)

If Operating Seasonally. What is the start month?

(Text)

Fulll Bar?

☐ Yes

☐ No

☐ Operating Seasonally Only

Are pets allowed in a outdoor seating area?

☐ 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