

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

Approved

Opened Date

12/18/2024

Single Entry Edit-View Record Form

Application Name

B24004744

Description

SFD/ Build deck extension 29'6" X 20' with stairs to grade**SUBJECT TO FIELD INSPECTION**

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

Melanie Eshenbaugh

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>
☐ ●	2948		HUNT VA...	DR	Glen...		21738	Enabled			

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

☐ Primary	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>
☐ ●	1404364643			0264		251400	693200			

Owner (This section is not required.)

Search Delete Set Primary

☐ Primary	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/R</u>
☐ ●	WHITE JOSEPH R	2948 HUNT VALLEY DR			GLENWOOD	MD	21738		

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

RYAN

Middle Name

Last Name *

MCWHORTER

Home Phone ((xxx)xxx-xxxx)

Organization Name *

MCWHORTER CONSTRUCTION LLC

Mobile Phone ((xxx)xxx-xxxx)

E-mail

Approval
 11/02 8/12/25

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New

Look Up

Deactivate

Remove

Custom Fields

DATE TRACKING

Received Date

7/30/2025

Due Date

8/13/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

7/30/2025

FACILITY INFORMATION

Name of Business (dba) *

NA

(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

(Text)

Days of Operation

(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

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Sewage Disposal

--Select--

Design Wastewater Flow

(Number)

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Revision

Signature Required

☐ Yes ☐ No

Engineer

(Text)

Number of paper copies

0

(Number)

Number of mylar copies

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

Interior Restaurant Seating Capacity

(Number)

(Number)

Bar Seating Capacity

Outdoor Seating Capacity

(Text)

(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--

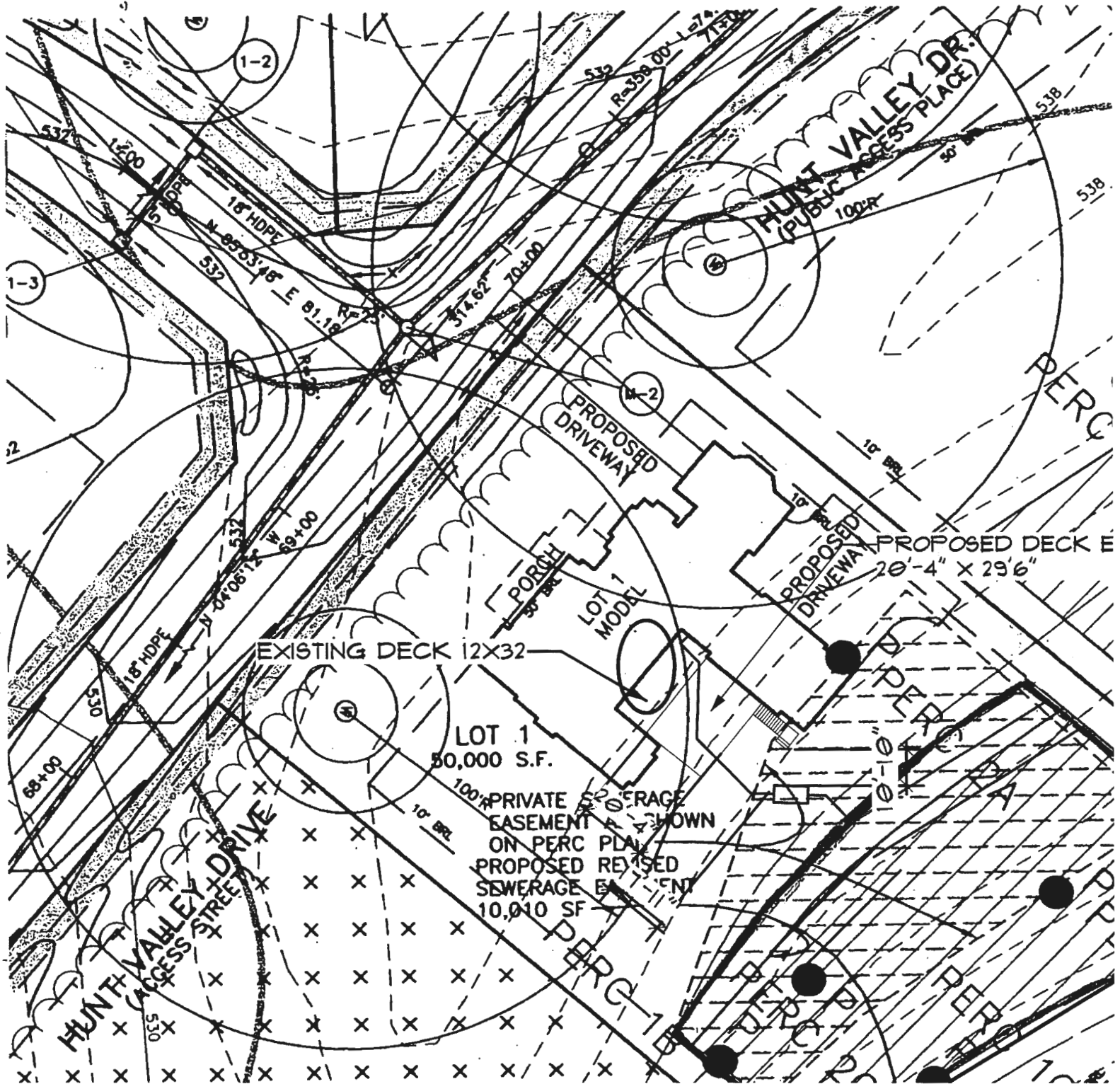
FINISHING SCHEDULE

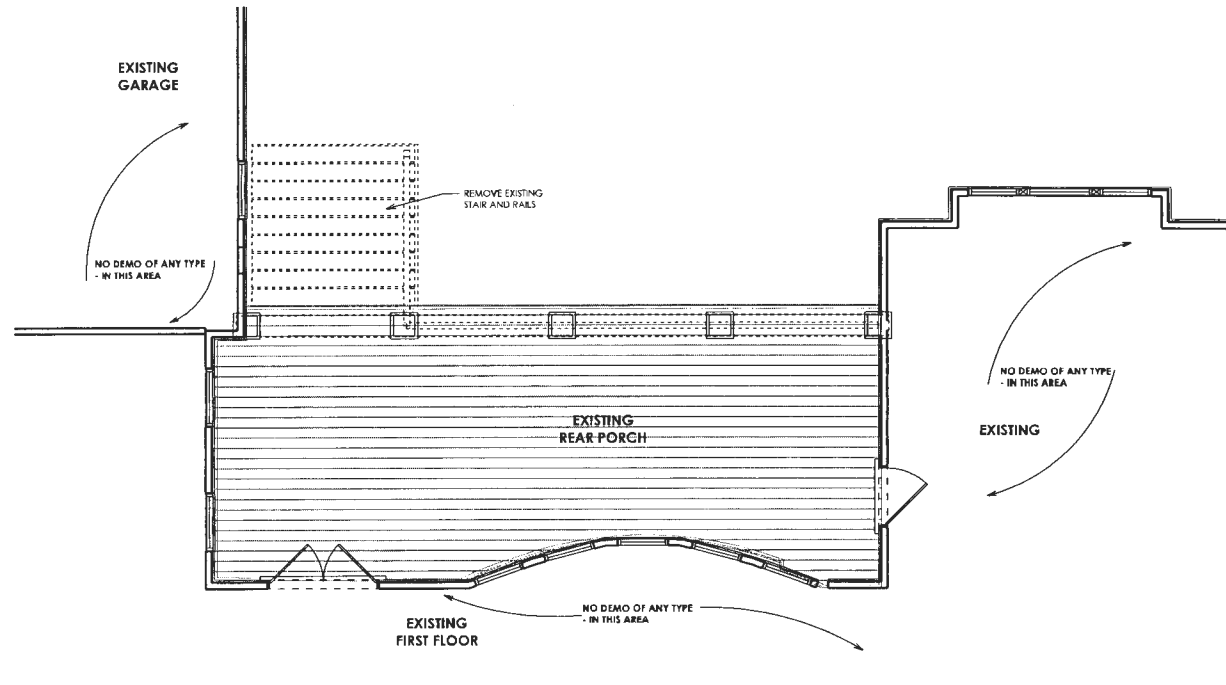
Kitchen Floor / Bar Flooring

--Select--

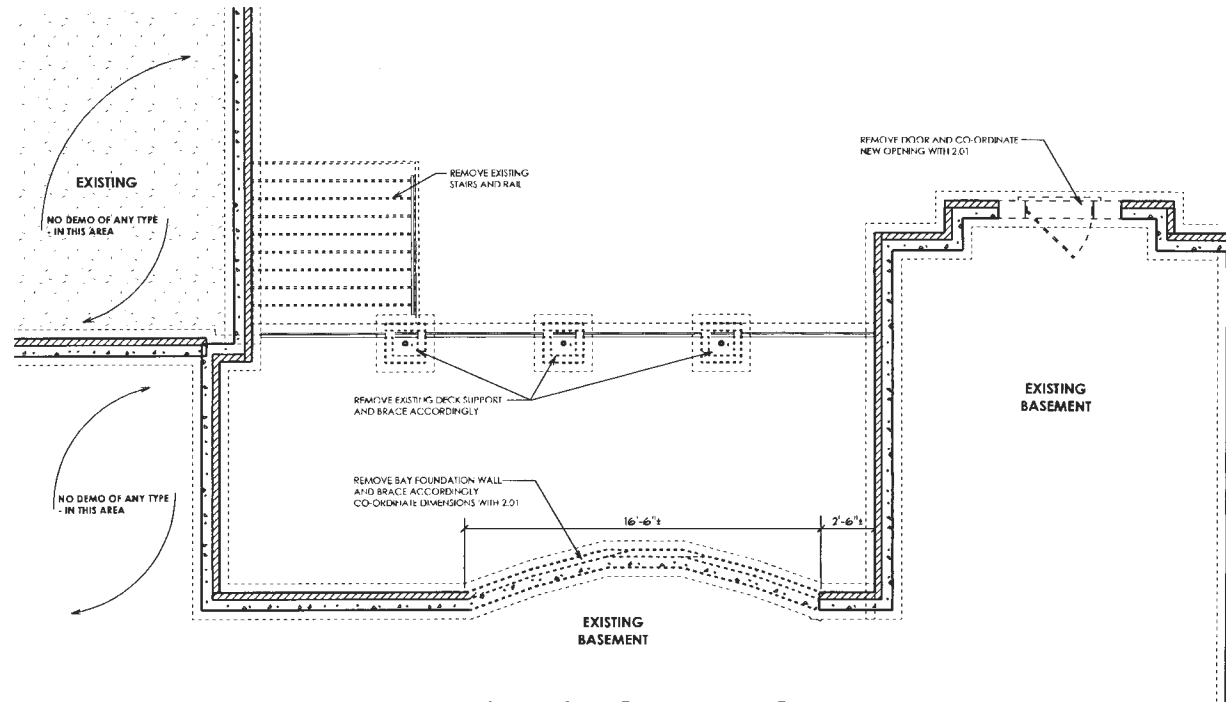
Kitchen Cove Base

--Select--





EXISTING FIRST FLOOR



EXISTING FOUNDATION

JONATHAN RIVERA

443.226.5745
JONATHAN RIVERA ARCHITECT

PROFESSIONAL CERTIFICATION
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
License Number: 914678
Expiration Date: 6/30/2026

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PROPOSED ADDITION

WHITE RESIDENCE
2948 Hunt Valley Drive,
Glenwood, Maryland 21738

ARCHITECT
Jonathan Rivera AIA, NCARB
Howard County, Maryland
443.226.5745
jriviera@jonathanrivera.com

STRUCTURAL ENGINEER
Naylor Structural Engineering
Greg Naylor
Baltimore City, Maryland
410-952-6797
greg@naylorstructural.com

BUILDER
McWhorter Construction
2900 Daisy Road
Woodbine, Maryland
(410) 984-5813
ryan@mcwhorterconstruction.net

ISSUE DATE

△	6-19-24	REVIEW SET
△		
△		
△		
△		
△		
△		
△		

SCALE:
DEMO PLANS

0.51

PRINT DATE:
Wednesday, December 11, 2024



REAR ELEVATION

PROFESSIONAL CERTIFICATION
 I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
 License Number #14478
 Expiration Date: 6/30/2026

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PROPOSED ADDITION

WHITE RESIDENCE
 2948 Hunt Valley Drive,
 Glenwood, Maryland 21738

ARCHITECT
 Jonathan Rivera AIA, NCARB
 Howard County, Maryland

443.226.5745
 jrivera@jonathanrivera.com

STRUCTURAL ENGINEER
 Mayfor Structural Engineering
 Greg Mayfor
 Ellicott City, Maryland

410-952-4797
 greg@mayforstructural.com

BUILDER
 McWhorter Construction
 2900 Dalsey Road
 Woodbine, Maryland

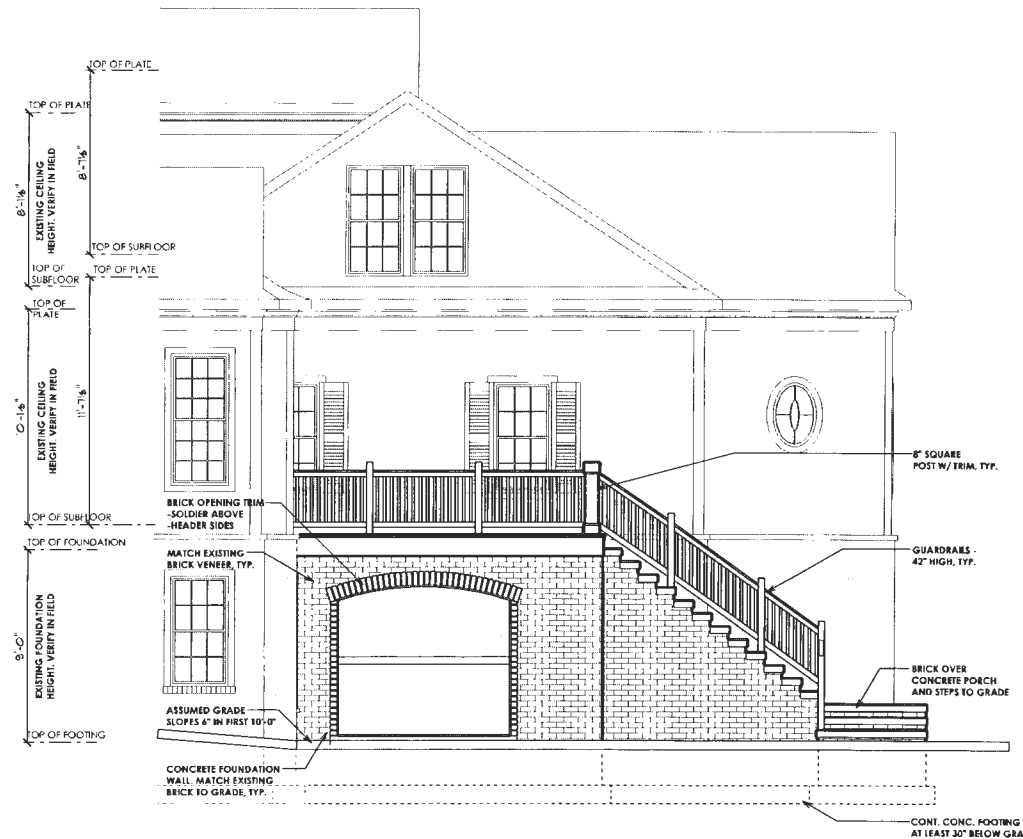
(410) 984-5813
 ryan@mcwhorterconstruction.net

ISSUE DATE

1	4-15-24	REVIEW SET
2		
3		
4		
5		
6		
7		
8		

SCALE: 1/4" = 1'-0"

ELEVATIONS
1.01
 PRINT DATE:
 Wednesday, December 11, 2024



RIGHT ELEVATION

NOTE:
STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS.
HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE
THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM
THE NOSING OF THE TREADS.

PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED
MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE
GUARDS A MINIMUM OF 34" HIGH.

RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE
TREADS DOES NOT PERMIT THE PASSAGE OF A 4" DIA SPHERE.

PROFESSIONAL CERTIFICATION
I certify that these documents
were prepared or approved
by me, and that I am a duly
licensed professional
architect under the laws of the
State of Maryland,
License Number #14478
Expiration Date: 4/30/2026

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PROPOSED ADDITION

**WHITE
RESIDENCE**
2948 Hunt Valley Drive,
Glenwood, Maryland 21738

ARCHITECT
Jonathan Rivera AIA, NCARB
Howard County, Maryland

443.226.5745
jriv@jonathanyrivera.com

STRUCTURAL ENGINEER
Naylor Structural Engineering
Greg Naylor
Ellicott City, Maryland

410-952-4797
greg@naylorstructural.com

BUILDER
McWhorter Construction
2900 Daisy Road
Woodbine, Maryland

(410) 984-5813
ryan@mcwhorterconstruction.net

ISSUE DATE

REVISION SET	DATE
1	6-13-24
2	
3	
4	
5	
6	
7	
8	

SCALE: 1/4" = 1'-0"

ELEVATIONS
1.02

PRINT DATE:
Wednesday, December 11, 2024

- 1) ALL EXTERIOR READERS SHALL BE (3) 2x10 WITH
(3) 2x6 STUDS (2 JACKS, 1 KING) U.N.O..
- 2) LUMBER TO BE #2 SPF OR BETTER, UNO.
- 3) NEW OPENINGS IN EXISTING
CONCRETE FOUNDATION WALLS
SHALL BE REINFORCED WITH
4x4x5/16 STEEL ANGLE LINTELS
WITH HORIZONTAL LEG SLOTTED
INTO THE EXISTING WALL AND
VERTICAL LEG BOLTED TO
EXISTING WALL WITH 6" MIN.
BEARING BOTH SIDES. LONG LEG SHALL
BE PLACED IN THE VERTICAL POSITION

ALL DIMENSIONS TO BE VERIFIED IN FIELD

EXISTING
BASEMENT

12/11/2024
Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland License No. 41432. Expiration Date: 01-05-2025