

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case

EH-PLANS-25-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

11/10/2025

Single Entry Edit-View Record Form

Application Name

B25004917

Description

SFD/ CONSTRUCT 29 X 30 (1) STORY ADDITION FOR NEW RECROOM, FULL BATH, CLOSETS, EXPANSION TO LAUNDRY ROOM/, 1 STORY, Existing, 1R, 1FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

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

☐ 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>
☐ ●	16750		A E Mul...	RD	Wood...	MD	21797				

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>
0 record(s) found.										

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/Reg</u>
☐ ●	Stephen Langvardt	16750 A E Mullinix Rd.			Woodbine	MD	21797		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

John

Middle Name

Last Name *

Bean

Home Phone ((xxx)xxx-xxxx)

Approved RMC
12/8/2025

Online BP, RSF worked
on PC. g/s 11/18/25

Organization Name *
JBB Services LLC.

Mobile Phone ((xxx)xxx-xxxx)
(240) 674-7442

E-mail
john@jbbservices.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
11/7/2025

Due Date
11/24/2025

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
11/7/2025

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Does this project have a Building Permit?
☐ Yes ☐ No

Associated Building Permit Number
(Text)

Building Permit Issued Date

Owner Switch Date

☐ Non-Profit

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 Well? If Yes, forward to WS Program.
☐ Yes ☐ No

Does the project include Private Septic? If Yes, forward to WS Program.
☐ Yes ☐ No

Does the project include Food Services? If Yes, forward to FP Program.
☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.
☐ Yes ☐ No

Facility Phone
(Text)

Facility Fax
(Text)

Facility Email
(Text)

Days of Operation
(Text)

PROPERTY INFORMATION

Water Source
Private

Sewage Disposal
Private

Design Wastewater Flow
(Number)

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 ▼

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 copies

0

(Number)

Number of non-buildable lots created

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)

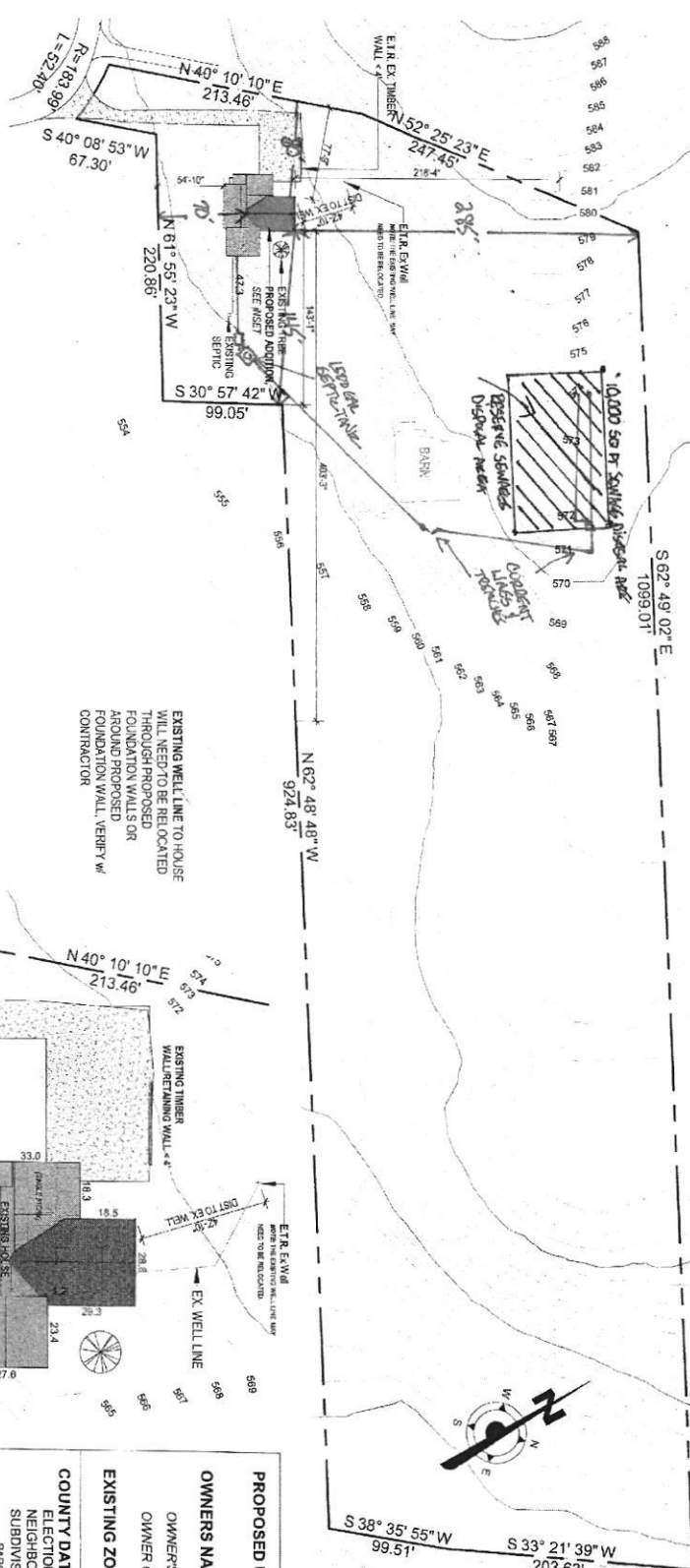
PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select-- ▼



1

Site-Plot Plan - Dependent 1

A00

Scale: 1" = 100'-0"

DISTANCE TO PROPERTY LINES

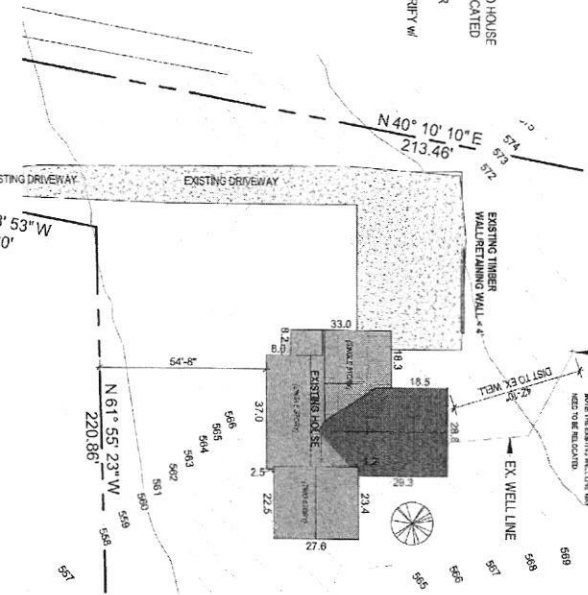
- FRONT 70'±
- REAR 285'±
- EAST 80'±
- WEST 145'±

2

Site-Plot Plan - Anset - Dependent 1

A00

Scale: 1" = 40'-0"



Langvardt

16750 A E Mullinix Road
Woodbine, MD 21797

Site/Plot

Client Name: Langvardt

Contractor:

Client Phone:

A00

Scale As Indicated

PROPOSED USE:

OWNERS NAME: Langvardt Stephen, L. - Langvardt Elizabeth, C.

OWNERS ADDRESS: 16750 A E Mullinix Road, Woodbine, MD 21797

OWNER CONTACT: 21797

EXISTING ZONING: RESIDENTIAL

COUNTY DATA:

ELECTION DISTRICT: 04

NEIGHBORHOOD: 4010103.14

SUBDIVISION: 1003

PARCEL NUMBER: 0506

MAP: 0022

DEED REFERENCE: 0007

COUNTY FILE NAME: 22435/ 00167

COUNTY FILE NUMBER:

GENERAL NOTES:

EXISTING USE: Primary Residence

TOTAL DISTRIBUTED AREA(SQ.FT.):

BOARD OF ZONING APPEALS CASE #

REQUEST DATE:

APPROVAL DATE:

PROPOSED WORK:

[illegible][illegible][illegible]

Site/Prod	A00
Cont	A000
Proposed Floorplan	A101
Proposed Elevations	A001
Initial Conditions	AR101

Structural Floor Plans S101

1. ALL EXTERIOR WALLS INCLUDING SHEATH WALLS SHALL BE SHEATHED WITH 2" THICK SOLID WOOD SHEATHING ON EXTERIOR FACE. WOOD SHEATHING SHALL BE ATTACHED WITH THE EQUIVALENT OF 80 COMMON NAILS AT 6" ALONG ALL PANEL EDGES.
2. SHEATH WALL TYPE DESIGNATIONS ARE: 1. PARALLEL SECTION 02 OF THE 2013 IBC. ANYTHING NOTED ON THE PLAN, THE DISJOINED LENGTH OF THE PANEL IS INDICATED IN PARENTHESES AS A SUPPLY TO THE WALL. MAIN WALL THICKNESS IN THE PROJECT MAY INCLUDE

2. FOUNDATION: THE WALL WAS FOUND TO HAVE SETTLING, IT WAS NOT DEEMED A BEARING WALL, ONE OR BOTH SIDES OF THE WALL WERE ROCKY CONNECTED AT THE TOP TO THE FLEAZES AND AT THE BOTTOM TO THE FOUNDATION. REFERS TO INC. SECTION 8018.

[illegible]

THE WALL PAPER IS AN INTERIOR WALL, CONTRACTED TO BE OF THIS SPECIMEN MATERIAL, SUBSTANTIAL, FINISHED TO ORDER, AND TO BE OF THE SAME COLOR AND DESIGN AS THE SPECIMEN WALL, SHALL BE ATTACHED TO A SMOOTH, UNPAINTED, AND UNCOATED SUBSTRATE.

[illegible]

6 Site-Plot Plan - Inset
A000 Scale: 1" = 40'-0"

DRAWING #

A000

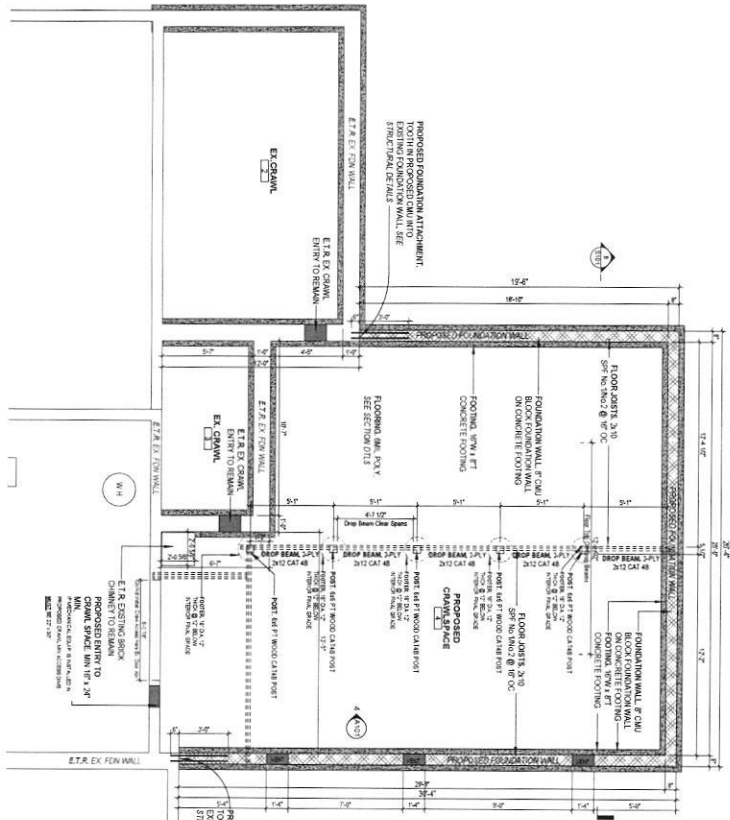
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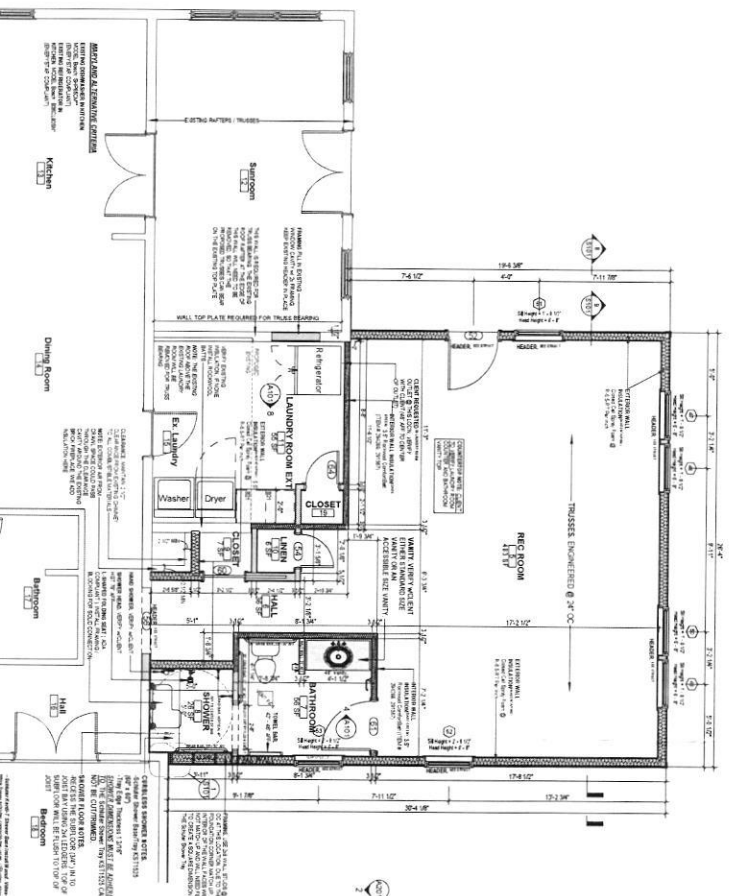
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REVISED: 10/3/2025		

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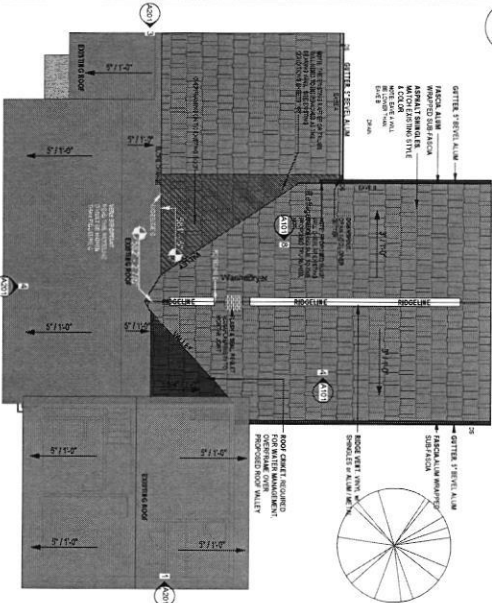
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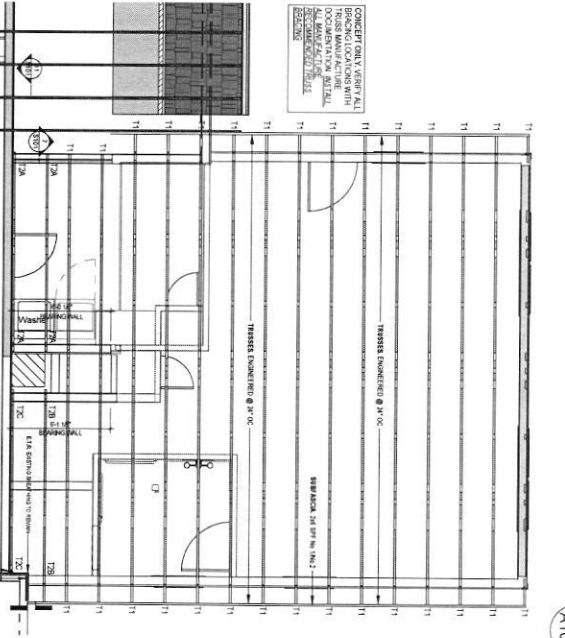
1 Foundation Plan-Proposed
A101 Scale: 1/4" = 1'-0"



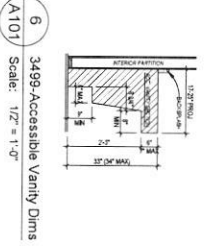
2 First Floor-Proposed
A101 Scale: 1/4" = 1'-0"



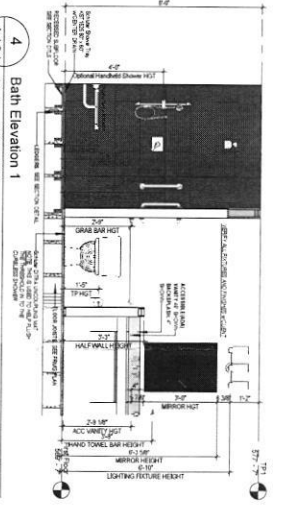
3 Roof Plan-Proposed
A101 Scale: 1/8" = 1'-0"



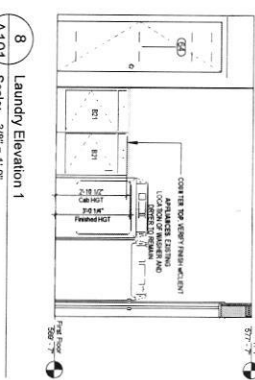
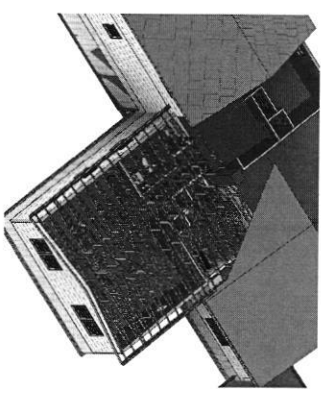
5 Roof Framing Concept
A101 Scale: 1/4" = 1'-0"



6 3498 Accessible Vanity Dims
A101 Scale: 1/2" = 1'-0"



4 Bath Elevation 1
A101 Scale: 3/8" = 1'-0"



8 Laundry Elevation 1
A101 Scale: 3/8" = 1'-0"

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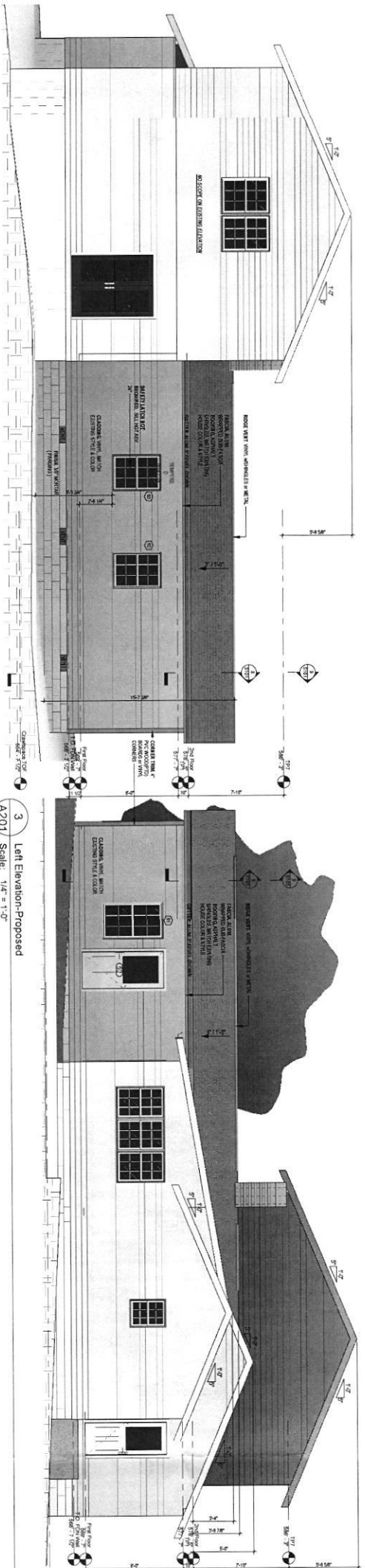
Langvardt
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Proposed Floorplan

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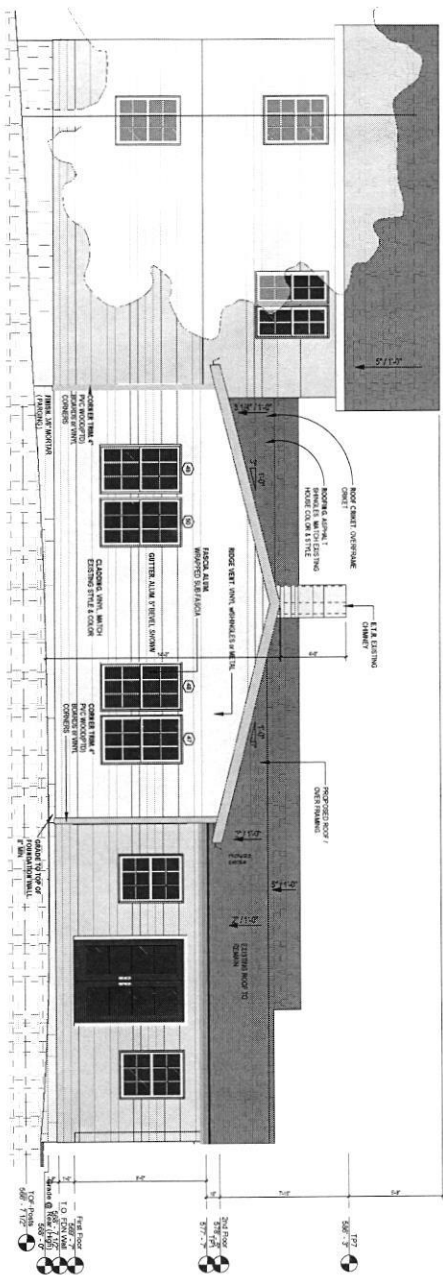
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A101



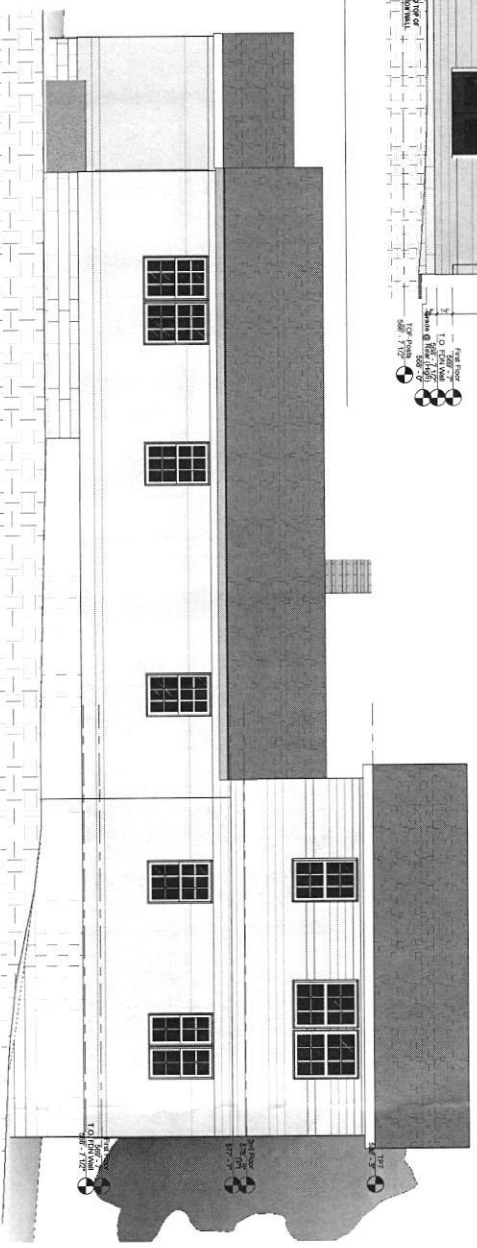


1 Right Elevation-Proposed
A201 Scale: 1/4" = 1'-0"

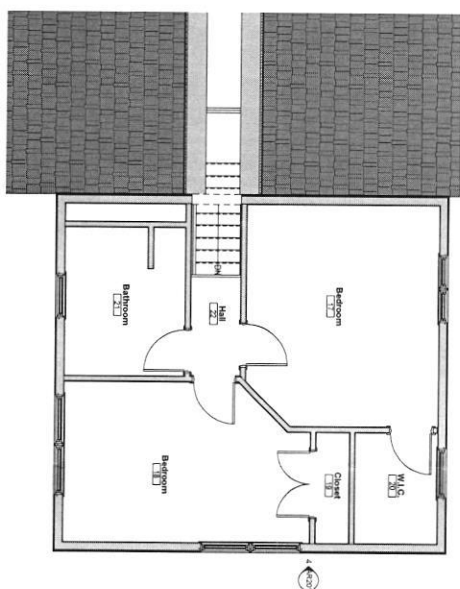
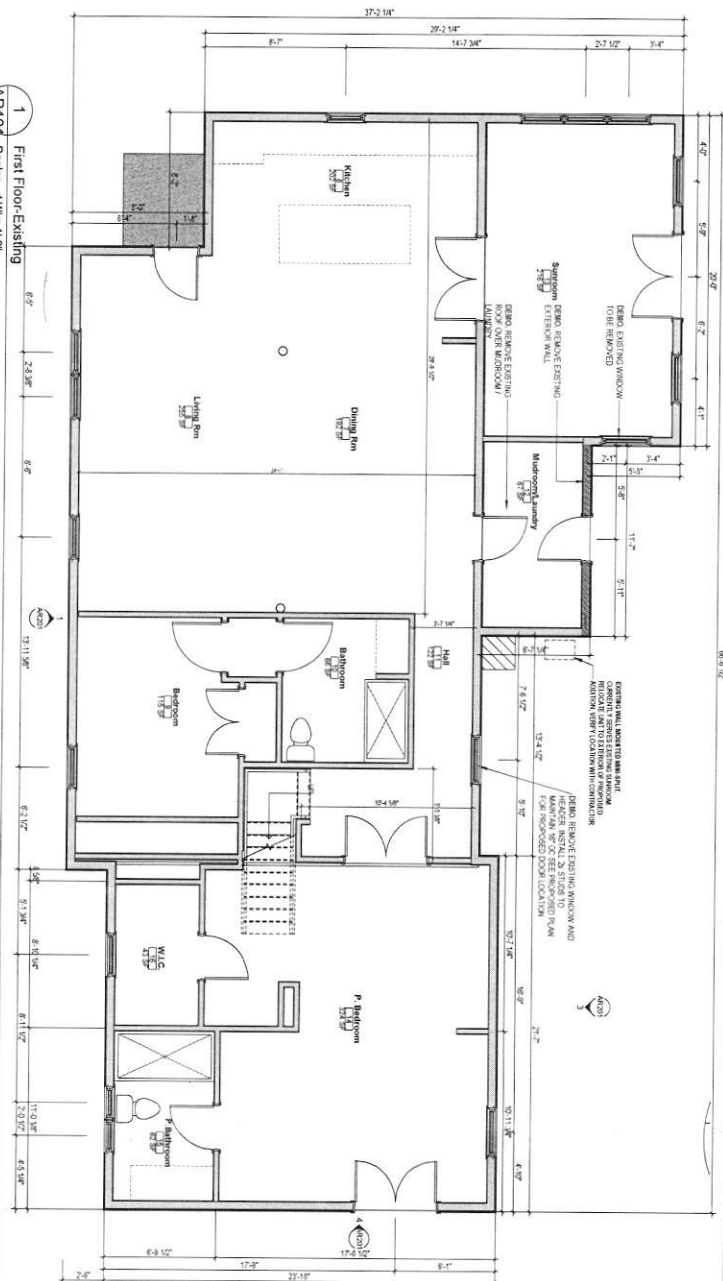
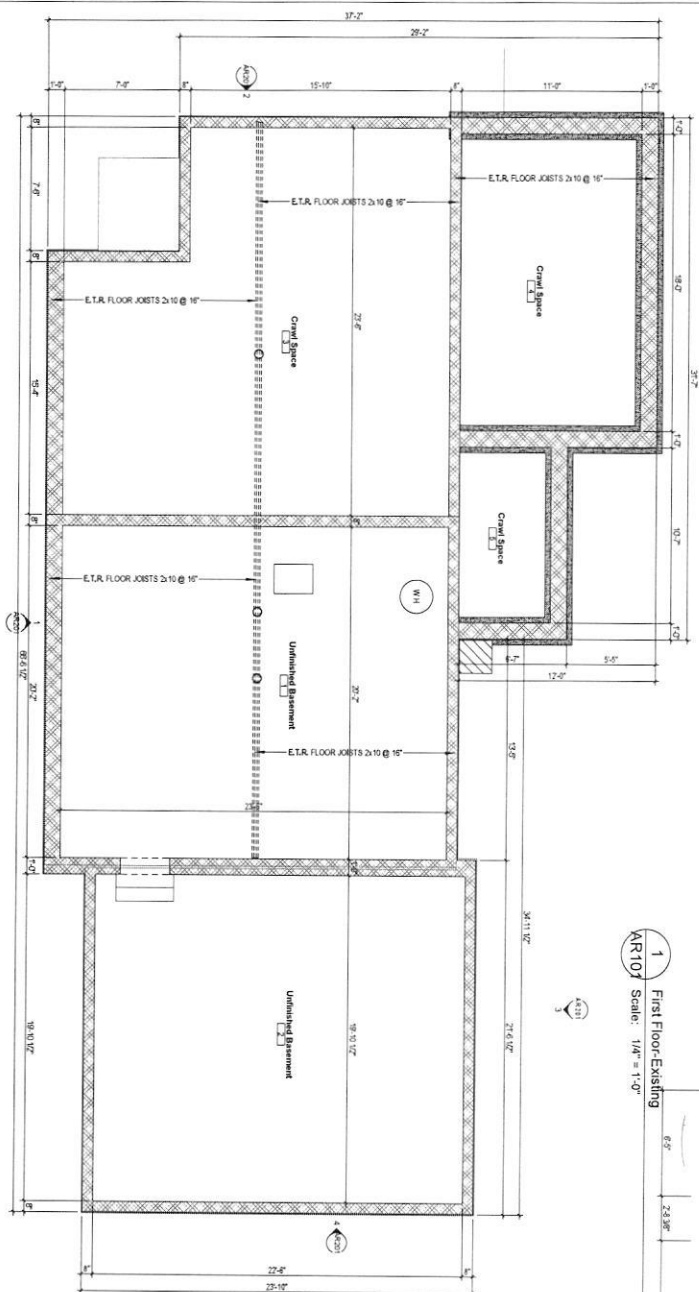
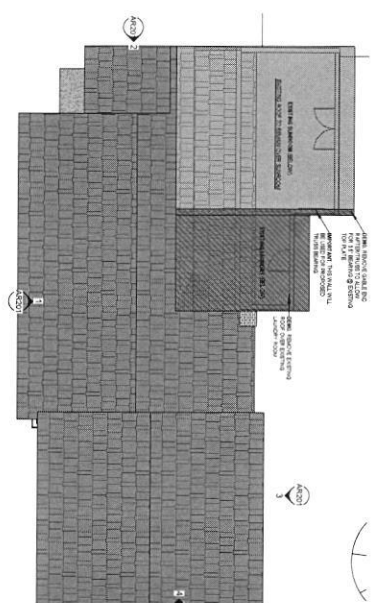
3 Left Elevation-Proposed
A201 Scale: 1/4" = 1'-0"



2 Rear Elevation-Proposed
A201 Scale: 1/4" = 1'-0"



4 Front Elevation-Proposed
A201 Scale: 1/4" = 1'-0"



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AR101



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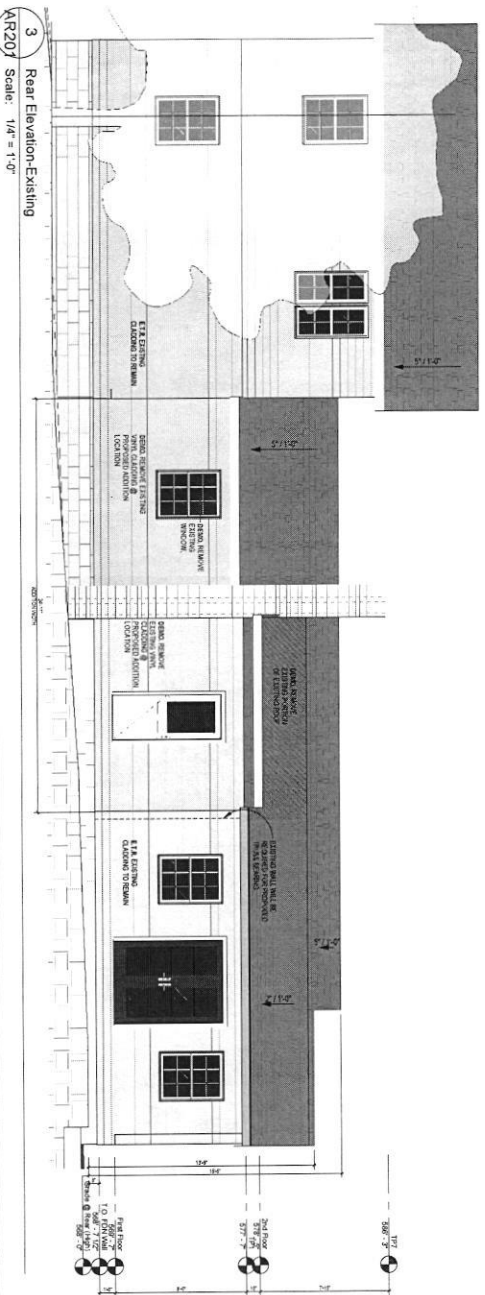
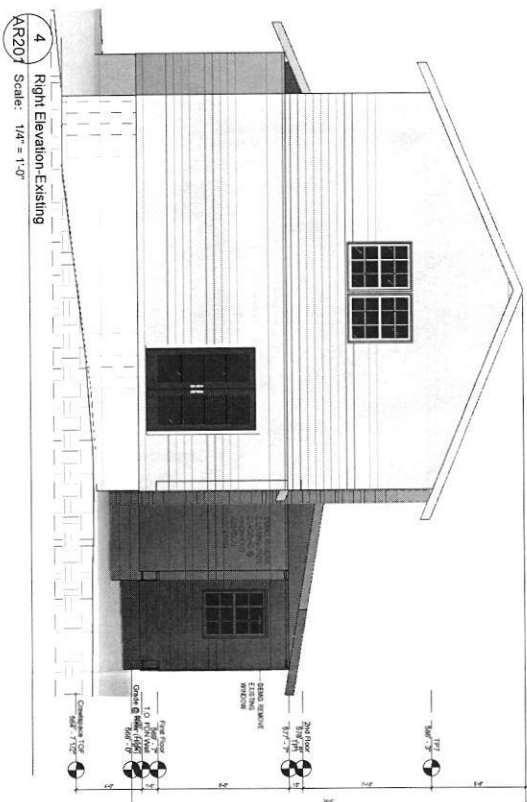
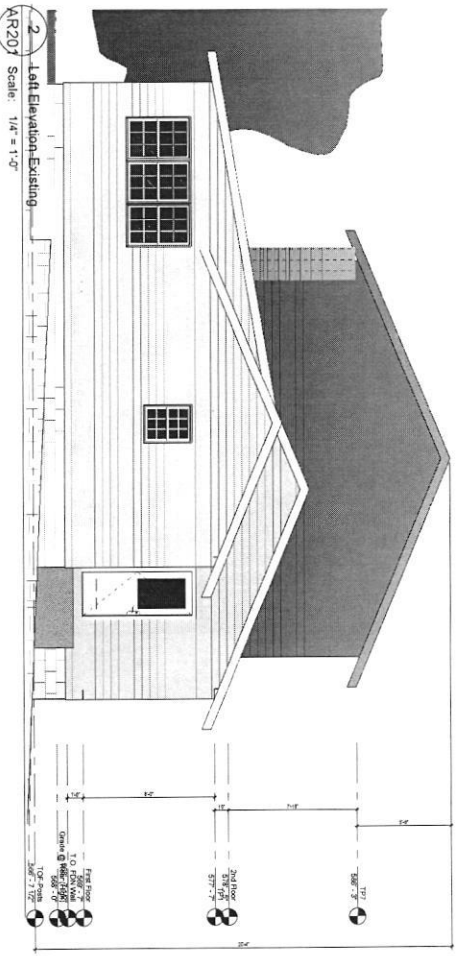
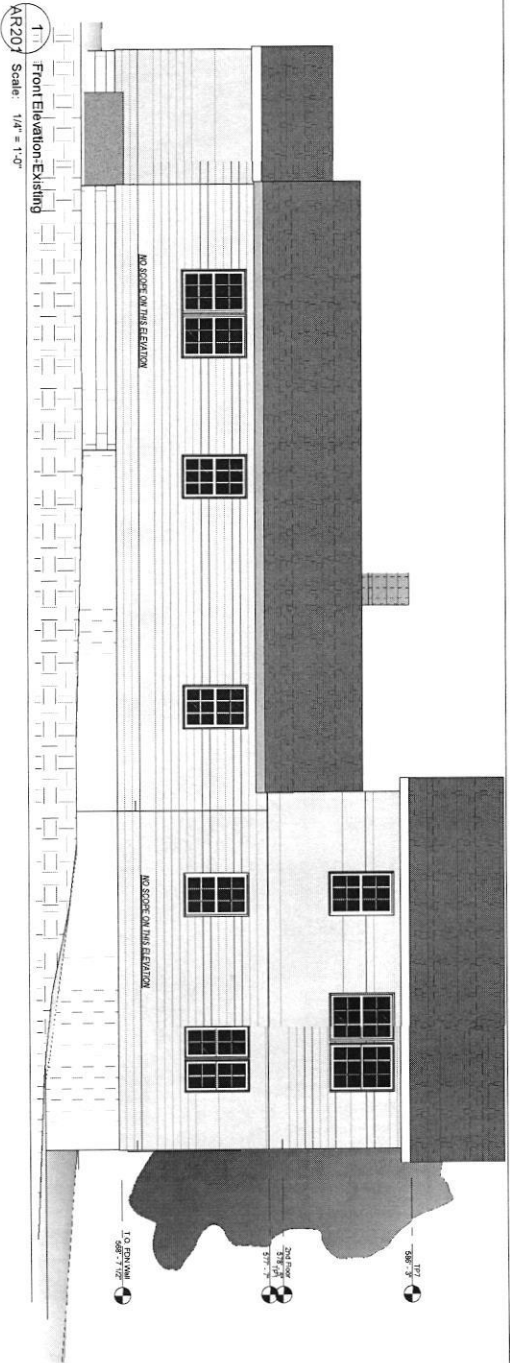
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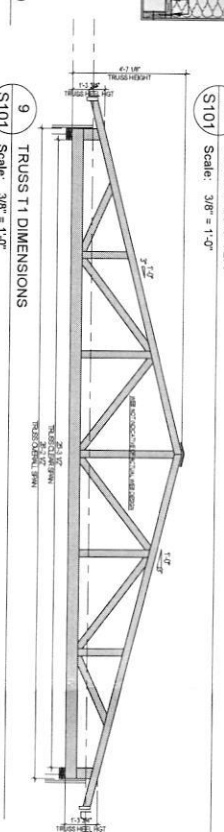
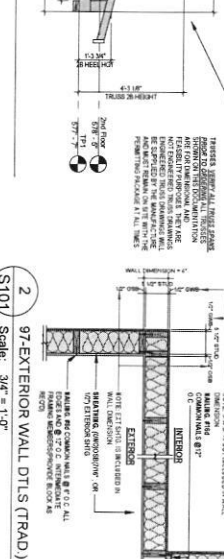
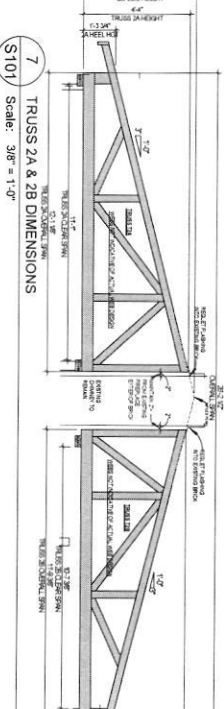
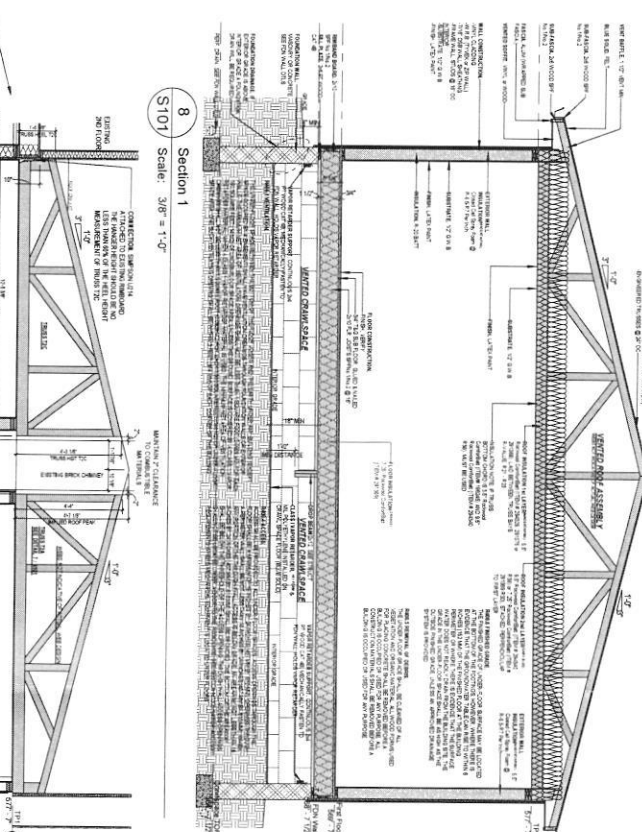
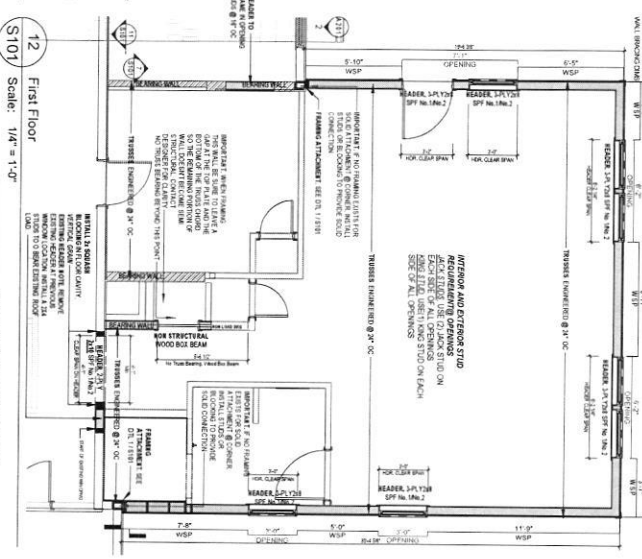
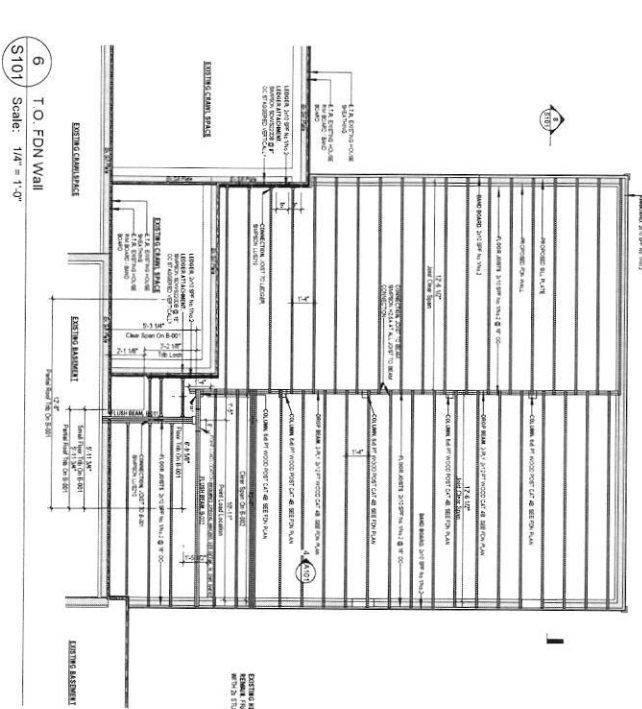
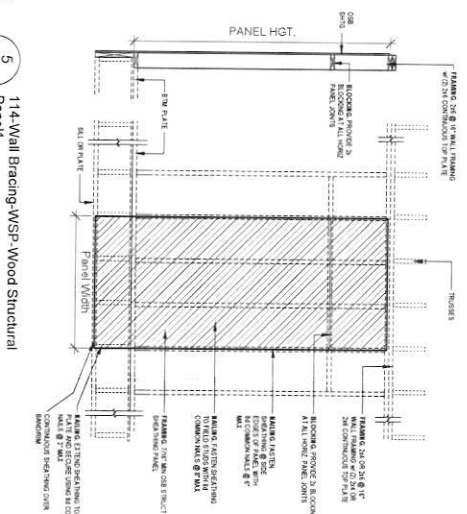
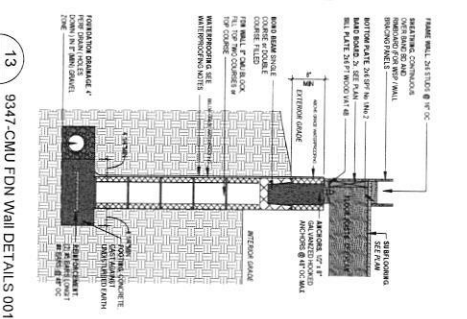
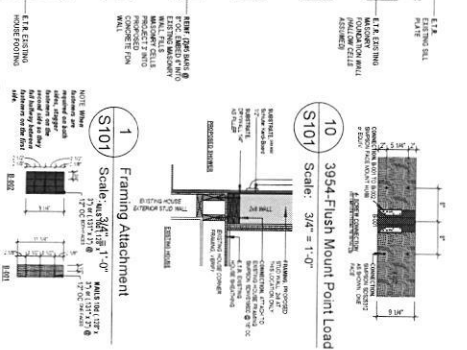
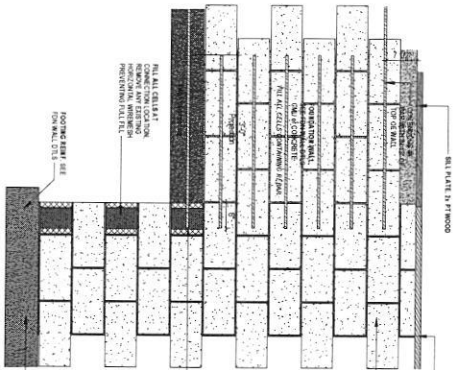
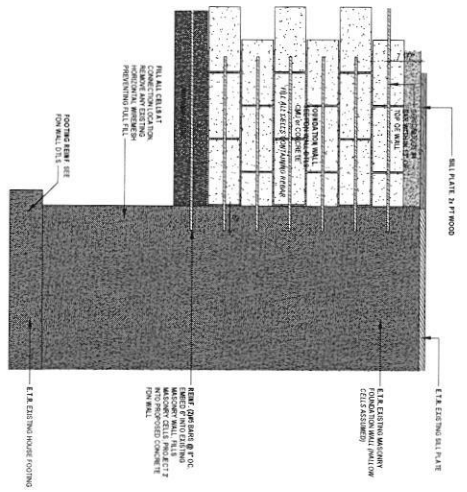
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Existing Conditions



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Structural Floor Plans