Menu Save Reset Cancel Help

Approved RLE 12/26/2025

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

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
12/04/2025

Online BP. gd 12/4/25

_Single Entry Edit-View Record Form

Application Name
B25005359

Description
SFD/ FINISH BASEMENT TO INCLUDE: NEW BATHROOM, HOME THEATER, AND GAME ROOM/OFFICE**NOT APPROVED AS ACCESSORY APT, SUBJECT TO FIELD INSPECTION**

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

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	1442		Heritag...	RD	Wood...	MD	21797				

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/
◉	Naveen Medavarapu	1442 Heritage Ridge Rd.			Woodbine	MD	21797	630-835-8336	US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Naveen

Middle Name

Last Name *
Medavarapu

Home Phone ((XXX)XXX-XXXX)
(630) 835-8336

Organization Name *
n/a
Mobile Phone ((XXX)XXX-XXXX)

E-mail *
naveenkum@gmail.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
12/4/2025

Due Date
12/18/2025

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
12/4/2025

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, foward 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
0 (Text)

Facility Fax
0 (Text)

Facility Email
0 (Text)

Days of Operation
0 (Text)

PROPERTY INFORMATION

Water Source
Private

Sewage Disposal
Private

Design Wastewater Flow
0
(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
Plan Version: Initial
Signature Required: ○ Yes ○ No
Engineer: 0 (Text)
Number of paper copies: 0 (Number)
Number of mylar copes: 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
Fulll Bar? ○ Yes ○ No

RESTAURANT AND FOOD SERVICE

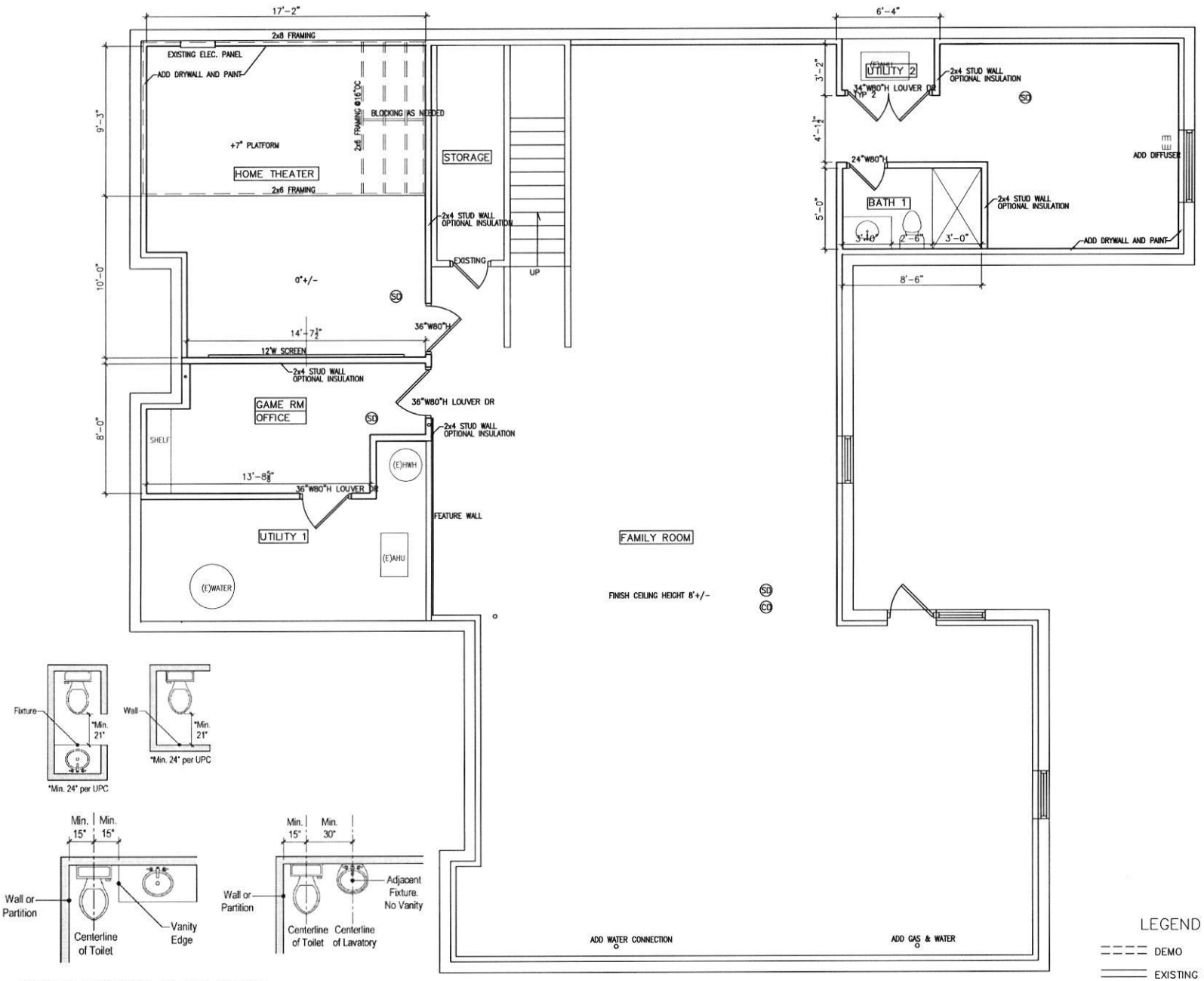
Food Service Facility Secondary Category: --Select--
Total Seating Capacity: (Number)
Number of Restrooms: (Number)
Interior Restaurant Seating Capacity: (Number)
Bar Seating Capacity: (Text)
Outdoor Seating Capacity: (Text)
Does the restaurant have outdoor seating ○ Yes ○ No

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--



TOILET FIXTURE CLEARANCES

SCALE: NOT TO SCALE

SD SMOKE DETECTOR
CO CARBON MONOXIDE DETECTOR
EF EXHAUST FAN

BASEMENT FLOOR PLAN

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

PPI PRIME PLANNING INTL, PLLC
INFO@PRIMEPLANNINGINTL.COM
571.919.0418

PRIVATE RESIDENCE
1442 HERITAGE RIDGE RD
WOODBINE, MD 21797

STATE OF MARYLAND
JUN JENNIFER LU
No. 15007
ARCHITECT
11.28.2025

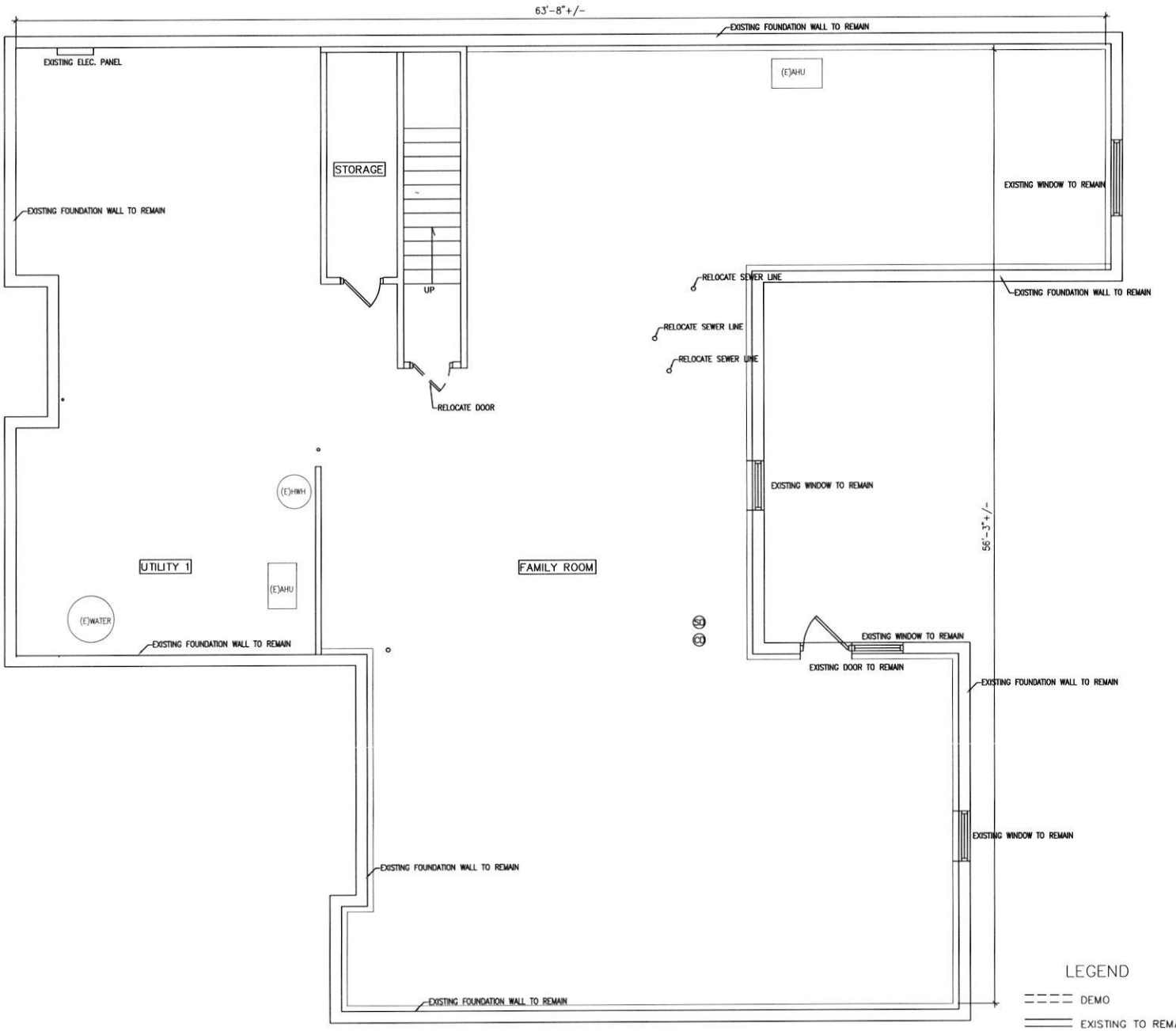
PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 15007, EXPIRATION DATE: JUNE 6, 2026.

REVISIONS

PROJECT No.
DATE: 11.28.2025
SCALE: AS SHOWN

FLOOR PLAN

A102



BASEMENT DEMO FLOOR PLAN

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

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DEMO FLOOR PLAN

A101