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
12/12/2025

Online BP. gs

Approved RE
12/29/2025
Health Accela

Approved 1/12/2026
DILP Accela

_Single Entry Edit-View Record Form

Application Name
B25005120

Description
SFD/ INSTALL 8' x 8' in ground concrete spa WITH AUTOMATIC COVER **SUBJECT TO FIELD INSPECTION**

Total Invoiced
0.00

3678 Folly Quarter

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

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Owner *(This section is not required.)*

Search Delete Set Primary

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Adam

Middle Name

Last Name *
Helmick

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Absolute Landscape and Turf

Mobile Phone ((XXX)XXX-XXXX)
(410) 489-0655

E-mail

Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
12/12/2025

Due Date
12/29/2025

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
12/12/2025

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
(Text)

Facility Fax
(Text)

Facility Email
(Text)

Days of Operation
(Text)

PROPERTY INFORMATION

Water Source
--Select--

Sewage Disposal
--Select--

Design Wastewater Flow
(Number)

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
--Select--

Plan Version
--Select--

Signature Required
○ Yes ○ No

Engineer
(Text)

Number of paper copies
(Number)

Number of mylar copes
(Number)

Number of buildable lots created
(Number)

Number of non-buildable lots created
(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--

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--

Storage - Food Storage Flooring
--Select--

Storage - Food Storage Cove
--Select--

Utensil Washing Area Flooring
--Select--

Utensil Washing Area Cove
--Select--

Dressing / Locker Room Flooring
--Select--

Dressing / Locker Room Cove
--Select--

Toilet Area Flooring
--Select--

Toilet Area Cove
--Select--

Walk-in Refrigerator Flooring
--Select--

Walk-in Refrigerator Cove
--Select--

Kitchen Walls
--Select--

Utensil Washing Area Walls
--Select--

Restroom Walls
--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?
○ Yes ○ No

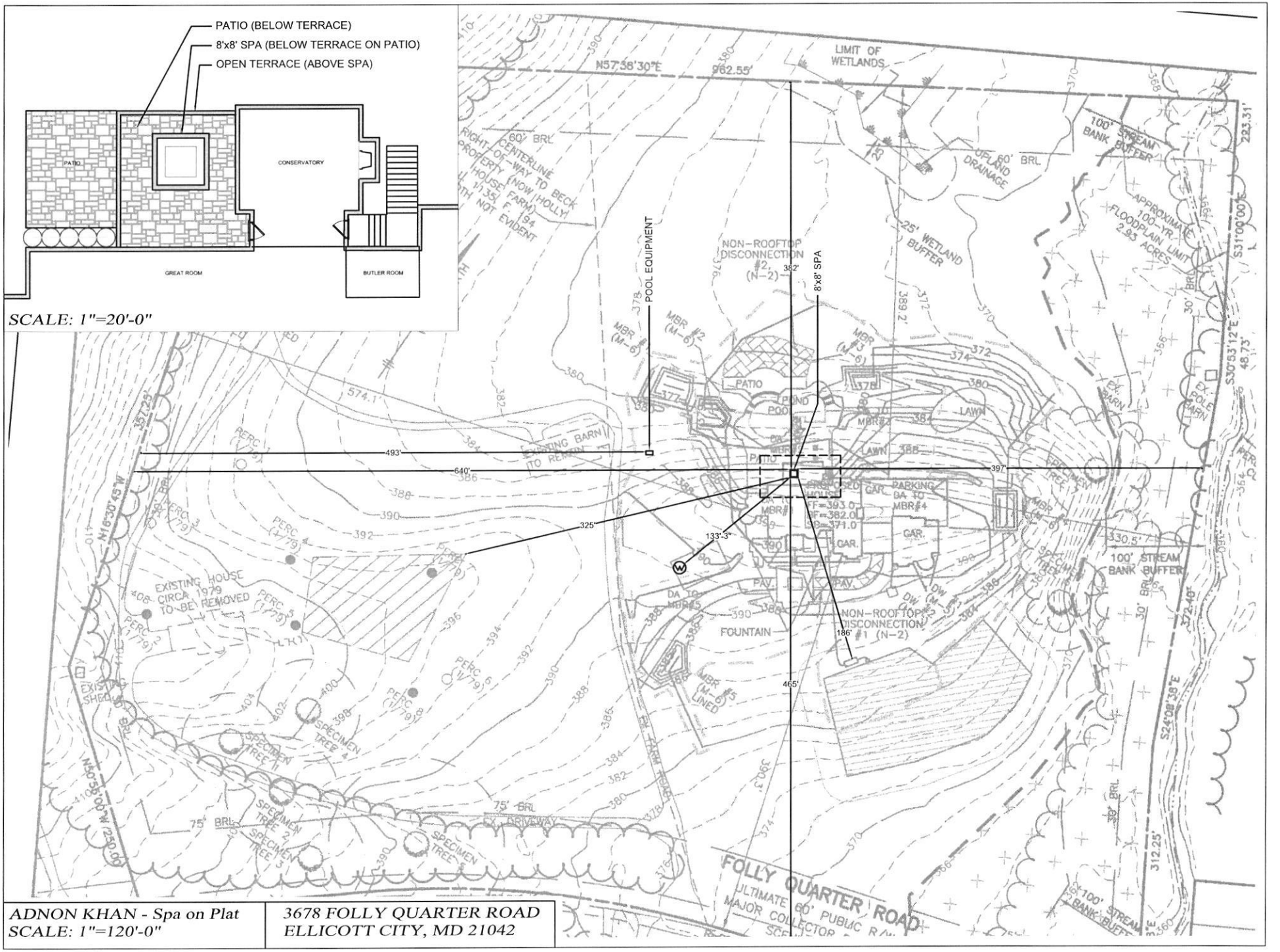
Are ceiling rafters exposed ?
○ Yes ○ No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
○ Yes ○ No

SPECIAL PROCESSING

Does the facility conduct any special processing?

If yes, Please describe.


PATIO (BELOW TERRACE)
8'x8' SPA (BELOW TERRACE ON PATIO)
OPEN TERRACE (ABOVE SPA)
PATIO
CONSERVATORY
GREAT ROOM
BUTLER ROOM
SCALE: 1"=20'-0"
LIMIT OF WETLANDS
N57°58'30"E 962.55'
POOL EQUIPMENT
8'x8' SPA
NON-ROOFTOP DISCONNECTION #2, (N-2)
NON-ROOFTOP DISCONNECTION #1 (N-2)
100' STREAM BANK BUFFER
25' WETLAND BUFFER
APPROXIMATE 100-YR FLOODPLAIN LIMIT 2.93 ACRES
EXISTING HOUSE CIRCA 1979 TO BE REMOVED
EXISTING BARN TO REMAIN
EXISTING SHED TO BE REMOVED
EX. DRIVEWAY
PROP. DRIVEWAY
PROP. POOL HOUSE
PROP. POOL
PROP. PATIO
PROP. LAWN
PARKING DA TO MBR #4
FOUNTAIN
SPECIMEN TREE 1
SPECIMEN TREE 2
SPECIMEN TREE 3
SPECIMEN TREE 4
SPECIMEN TREE 5
PERC 1 (1979)
PERC 2 (1979)
PERC 3 (1979)
PERC 4 (1979)
PERC 5 (1979)
PERC 6 (1979)
PERC 7 (1979)
FOLLY QUARTER ROAD
ULTIMATE 60' PUBLIC MAJOR COLLECTOR
N16°30'45"W 574.1'
N50°58'00"W 250.00'
S30°53'12"E 48.73'
S24°08'39"E 372.10'
S31°00'00"E 223.31'
312.25'
330.5'
493'
640'
397'
325'
133'-3"
186'
465'
389.2'
390.3'
ADNON KHAN - Spa on Plat
SCALE: 1"=120'-0"
3678 FOLLY QUARTER ROAD
ELLICOTT CITY, MD 21042