

Menu Save Reset Cancel Help

Due 1/16

Record Detail * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/02/2024

Single Entry Edit-View Record Form

Application Name

B23004954

Description

N.O.V./ SFD/ Open wall in basement by removing drywall. Remove carpet in basement and replace with luxury vinyl plank. Remove tile in bathroom and replace with new tile. Widen closet in master bathroom by removing door and extending drywall. Remove cabinets and shelving from basement and garage. Install vanity and countertop in 4 bathrooms on 2nd floor and 1 bathroom in the basement. Install shower glass doors. Install mirrors and bathroom

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

Online BP for review. records are online.

g/s 1/3/24

Approved. No increase in living space or bedrooms. g/w

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input checked="" type="checkbox"/>	3595		Willow ...	DR	Glen...	MD	21738				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> 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

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/R
<input checked="" type="checkbox"/>	Delisle & Tykia Warden	3595 Willow Birch Dr.			Willow Birch	MD	21738	202-812-0052	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Delisle

Middle Name

Last Name *

Warden

Home Phone ((xxx)xxx-xxxx)

(202) 812-0052

Organization Name *

n/a
Mobile Phone ((XXX)XXX-XXXX)
(202) 812-0052
E-mail
dgw1906@yahoo.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 12/26/2023, Due Date: 12/28/2023
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

12/26/2023

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, forward 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

Private

Sewage Disposal

Private

Design Wastewater Flow

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded Total number of open space lots to be recorded

0 (Number) 0 (Number)

Total number of bulk parcels to be recorded Total number of lots / parcels to be recorded

0 (Number) 0 (Number)

New buildable lots created

0 (Number)

Date PLAT signed by Health Officer

PLAT Type

--Select--

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 copes

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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--