

Menu Save Reset Cancel Help

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

B23004949

Description

SFD/ FINISH BASEMENT TO INCLUDE FAMILY ROOM, FULL BATH, WET BAR, CLOSET, MOVIE ROOM, EXCERCISE ROOM, UTILTY ROOM , FURNACE ROOM, FINISH STORAGE ROOM, APX 1661 SQFT\*\*SLEEPING ROOMS ARE NOT PERMITTED UNLESS EGRESS IS PROVIDED, SMOKE DETECTORS REQUIRED

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 if for ZS.

Approved.

gjs 1/23/24

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"/>	3651		Folly Q...	RD	Elli...	MD	21042				

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/Region
<input checked="" type="checkbox"/>	Chalita Atllah	3651 Folly Quarter Rd.			Ellicott City	MD	21042	410-957-8618	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 \*

Riley

Home Phone ((XXX)XXX-XXXX)

Organization Name \*  
 Clockwork Builders, LTD.  
 Mobile Phone ((xxx)xxx-xxxx)  
 (410) 442-3678  
 E-mail  
 WWW.DONEONTIME@VERIZON.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 12/28/2023 Due Date 1/2/2024

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic  
 12/28/2023

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  
 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--

**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 an 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--

Chalita & Christine Atallah  
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Ellicott City, MD 21042  
(240) 605-665  
Catallah@gmail.com  
Christineliang85@gmail.com

1,661 Square Feet

