

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 06/18/2024
Single Entry Edit-View Record Form

Application Name B24002144

Description SFMH / REPLACE EXISTING 13' X 56' MOBILE HOME, USED AS A TENANT HOUSE ON LARRILAND FARM

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		Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input type="checkbox"/>	<input checked="" type="radio"/>				2415		Woodbine	RD	Wood...	MD	21797			

Online BP assigned to RSF. g8 6/20/24

Approved 10/24/2024 [Signature]

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
<input type="checkbox"/>	<input checked="" type="radio"/>			0 record(s) found.									

Owner (This section is not required.)

Search	Delete	Set Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/>	<input checked="" type="radio"/>		Larriland Farm Inc.	2415 Woodbine Rd.			Woodbine	MD	21797	443-670-7514	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type * Applicant
Primary Yes
First Name * Steve
Middle Name
Last Name * Moore
Home Phone (xxx)xxx-xxxx
Organization Name * Larriland Farm
Mobile Phone (xxx)xxx-xxxx (443) 670-7514
E-mail

Business Phone ((xxx)xxx-xxxx)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 6/17/2024 Due Date 7/1/2024

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
6/17/2024

FACILITY INFORMATION

Name of Business (dba) n/a

Associated Building Permit Number

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Does the project include Private Septic? If Yes, forward to WS Program.

Is this a Prototype Food Service Facility? If Yes, refer to State.

Facility Fax 0

Days of Operation 0

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

Facility Email 0

PROPERTY INFORMATION

Water Source --Select--

Design Wastewater Flow (Number)

Sewage Disposal --Select--

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 Total number of open space lots to be recorded 0

Total number of bulk parcels to be recorded 0 Total number of lots / parcels to be recorded 0

New buildable lots created 0 Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type Residential

Signature Required Yes No

Number of paper copies 0

Number of buildable lots created 0

Total Number of Lots

Plan Version Initial

Engineer 0

Number of mylar copies 0

Number of non-buildable lots created 0

Associated Plans

0
 (Number)

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--

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

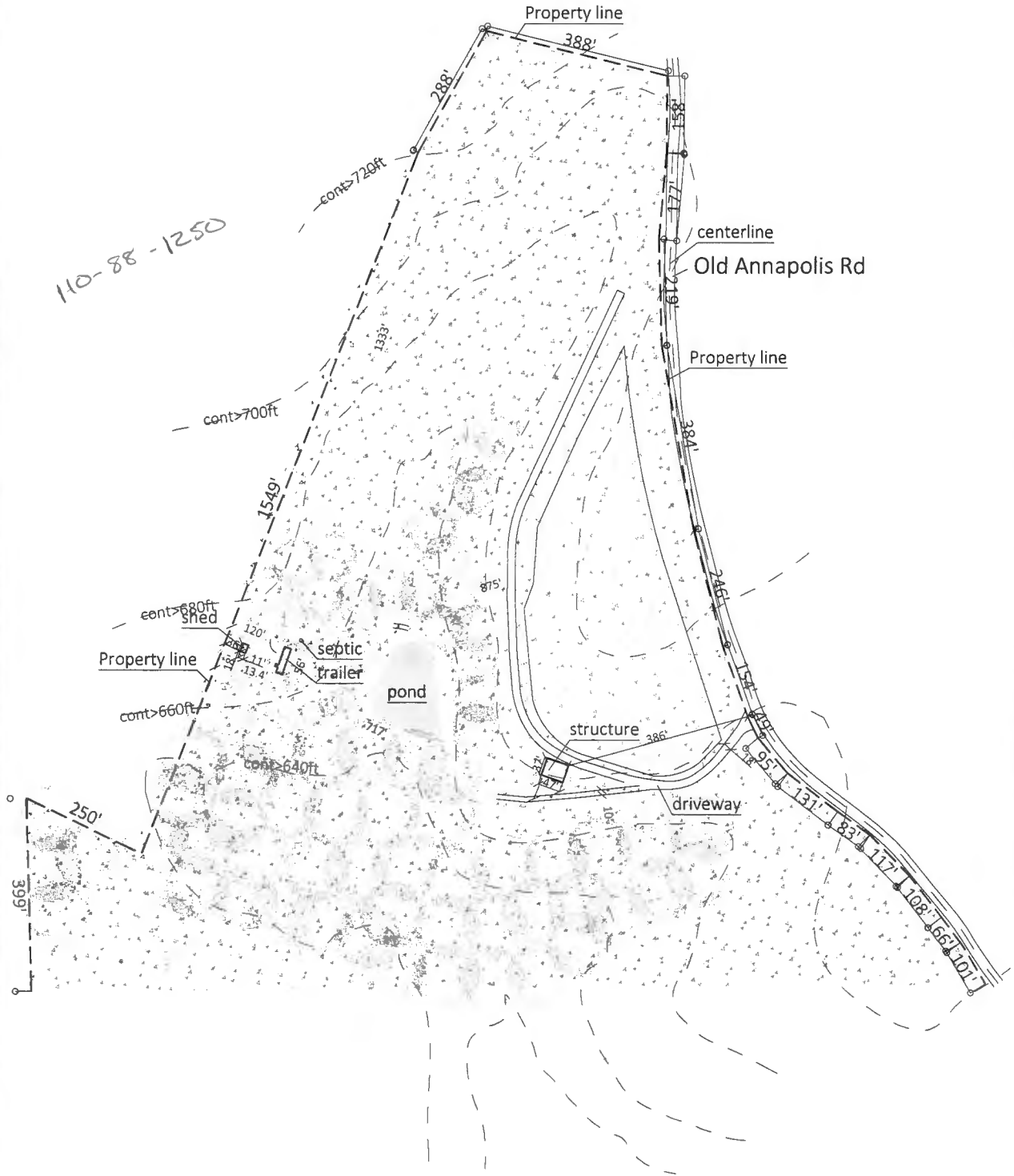
HACCP Plan Review

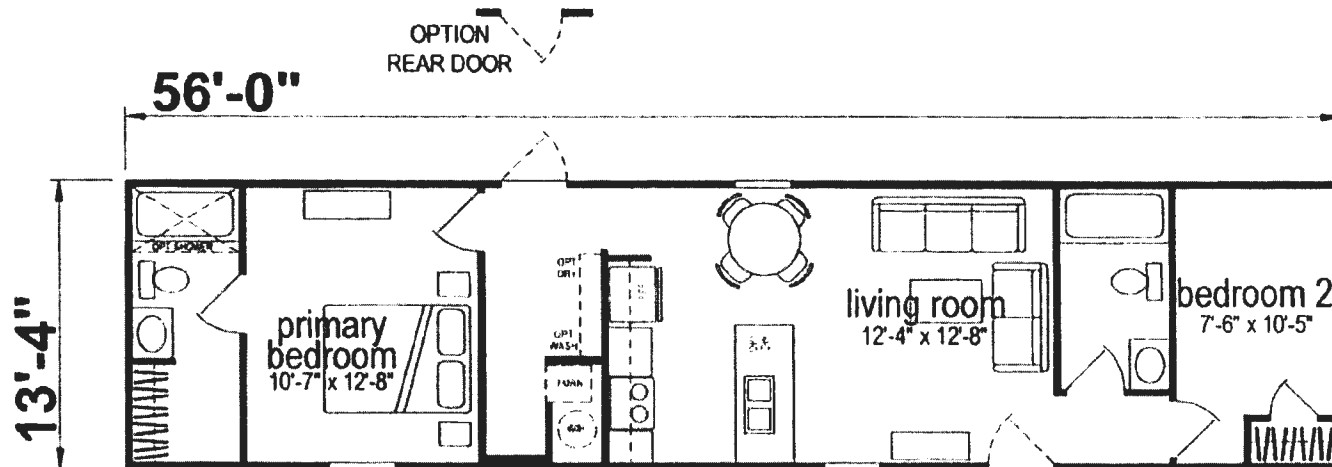
Plan Review Letter Mailed

SITE PLAN

2415 Woodbine Rd
Woodbine, MD 21797
Parcel ID: 04-323378
Lot area: 128.34 Acres
Paper Size: 11"x17"

Approved 10/24/2024
RMC 7324002144





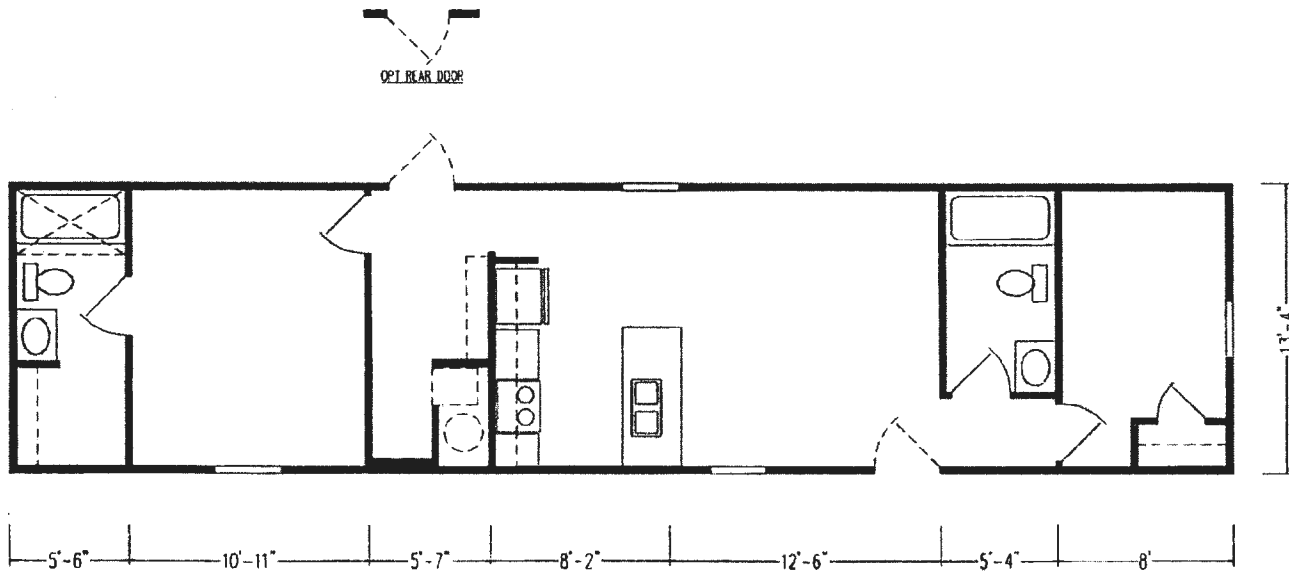
6800/5614 (746 SQ. FT.) 2BEDROOM - 2BATHS

12.1.2022

DIVISIONS				REVISIONS	DRAWN BY SFC	#IND ZONE 15/31	DATE 08/26/2022	ROOF ZONE	SHEET OF
231	SUGARCREEK								
233	ARKANSAS CITY								
235	SAN JACINTO								
237	WOODLAND								
239	OCALA								
X	241	LEOLA							
243	LANCASTER	BOX LENGTH	DESCRIPTION	CHG MODEL NUMBER	DRAWING NUMBER				
245	McMINNVILLE	56'-0"	5614-2CK-2B	1456H22PG1	14-04256				

SKYLINE

Moore

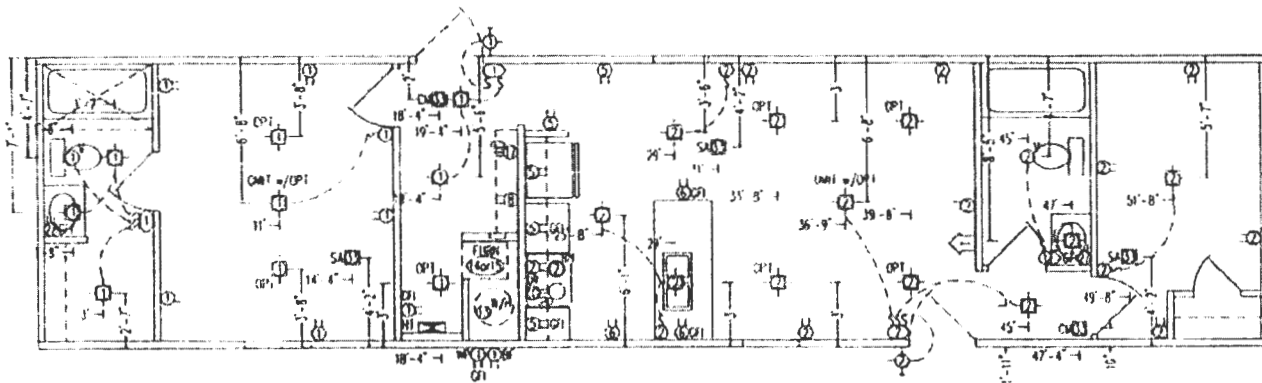


HITCH END

DIVISIONS				SKYLINE	
231 SUGARCREEK	F	DELETE SNACK BAR WALL & SHORTEN S.B. CHANG PER PLANT REQUEST	09/25/22	T L	DRAWN BY: SJC WIND ZONE 15# .99 DATE: 09/26/2022 ROOF ZONE S.M.A. SHBET OF DRAWING NUMBER 14-04250
233 ARKANSAS CITY	E	REV WSTR BATH DOOR, STOOLS AND LIGHTS	05/17/22	SJC	
235 SAN JACINTO	D	ADD OPT EXTERIOR DOORS	07/22/23	T L	
237 WOODLAND	C	REVISED KITCHEN & UTILITY AREA	02/26/22	ECS	
239 OCALA	B	REVISED FRT CM ALARM PER DEVIATION	02/26/22	MB	
X 241 LEOLA	A	ADDED DRINK ROOM LIGHT & ADDED 39# W/2 HEARWALLS	11/06/23	MB	
243 LANCASTER	BOX	LENGTH	DESCRIPTION	CHB MODEL NUMBER	DRAWING NUMBER
245 MCGINNISVILLE		55'-0"	5614-2CK-2B	1456H22P01	14-04250

6800 (14-04250) 9/20/2023

6800



NOTES:

1. SEE DETAIL K-31 or K-31-C (CANADA PARK) FOR MASTER LEGEND
2. SEE SPECS FOR THE FOLLOWING USAGE (OPT. or STD.)
 - BATH LAV LIGHT KITCHEN FLUORESCENT LIGHTS CARBON MONOXIDE ALARMS
 - BATH VENT FAN LIGHT HODDLE FAN
 - TUB SHOWER LIGHT DRYER RECEPT
 - KITCHEN SINK LIGHT FREEZER RECEPT
- 3.
4. ITEM IS OPTIONAL UNLESS SPECIFIED OTHERWISE. SEE SPECS FOR USAGE REQUIREMENTS
5. FOR VENT/LIGHT COMBINATIONS USE LOCATION FOR STANDARD LIGHT. SEE SPECS FOR USAGE REQUIREMENTS
6. SMOKE ALARMS ARE INTERCONNECTED WITH 14/3 ga. WIRE.

DIVISIONS

231 SUGARCREEK	F	DELETE SNACK BAR WALL & SHORTEN JOB DRAWING PER PLANT REQUEST	11/27/22	T.L.
233 ARKANSAS CITY	E	NEW MASTER BATH DOOR, SIGNS AND PLANTS	5/11/23	S.K.
235 SAN JACINTO	D	ADD OPT EXTRA BOD DOORS	1/17/23	T.L.
237 WOODLAND	C	REVISED KITCHEN & UTILITY AREA	1/17/23	ECS
239 OCALA	B	REVISED FIRE ALARM PER DEVIATION	1/17/23	ME
X 241 LEDLA	A	ADDED DINING ROOM LIGHT & ADDED 2nd FLOOR BEARINGS	11/24/22	MB
243 LANCASTER	BOX LENGTH	DESCRIPTION	CIB WOOL NUMBER	DRAWING NUMBER
245 MCKINNVILLE	56'-0"	5614-20K-2B	14561122P01	14-04256



DRAWN BY SJC	WIND ZONE 154.39f
DATE 02/26/2022	ROOF ZONE 5M4
SHEET _____	OF _____

6800 (14-04256) 9/20/2023