

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 09/04/2025

Single Entry Edit-View Record Form

Application Name M25001202

Description Install 3.5 ton geo system Install 3 ton geo split system with matching air handler use existing duct work

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

Kevin Wolf

Handwritten notes: MB 9/9/25

Address * (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Contains two address entries.

Parcel (This section is not required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Contains one parcel entry.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone. Contains two owner entries.

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Joseph

Middle Name

Last Name *

Opdyke
Home Phone ((xxx)xxx-xxxx)

Organization Name *

Watervale Heating & Air Conditioning, Inc.
Mobile Phone ((xxx)xxx-xxxx)
(410) 879-4998
E-mail
WATERVALEHVAC@VERIZON.NET
Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary Recipient	Status
0 record(s) found.							

Custom Fields

DATE TRACKING

Received Date 9/4/2025	Due Date 9/18/2025
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

9/4/2025

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date
(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
(Text)

Days of Operation
(Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date
(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
(Text)

Facility Email
(Text)

PROPERTY INFORMATION

Water Source
Public

Sewage Disposal
Public

Design Wastewater Flow
(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

(Number)

Total Number of Lots

0

(Number)

Associated Plans

(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)