

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

12/03/2025

Single Entry Edit-View Record Form

Application Name

M25001781

Description

Install one WaterFurnace 4ton geothermal heat pump model #w5av048bd1a12ctr2d11 Connect to existing ductwork.

4918 Worthington Way

12/11/25

Approved vB (MB)

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

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 \*

Joseph

Middle Name

Last Name \*

Snyder

Home Phone ((XXX)XXX-XXXX)

Organization Name \*

Walts Mechanical Sericves Inc

Mobile Phone ((XXX)XXX-XXXX)

(443) 790-1267

E-mail

jen@lovesheatingandair.com

Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

12/3/2025

Due Date

12/17/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

[Image placeholder]

Received by Community Hygiene

[Text input]

Received by Well and Septic

12/3/2025 [Text input]

FACILITY INFORMATION

Name of Business (dba) \*

n/a (Text)

Associated Building Permit Number

[Text input]

Owner Switch Date

[Text input]

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 input]

Days of Operation

[Text input]

Does this project have a Building Permit?

Yes  No

Building Permit Issued Date

[Text input]

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 input]

Facility Email

[Text input]

PROPERTY INFORMATION

Water Source

Public [Dropdown]

Sewage Disposal

Public [Dropdown]

Design Wastewater Flow

[Text input]

(Number)

Permit Type

--Select-- [Dropdown]

DEVELOPMENT PLANS

Property Type

Residential [Dropdown]

Plan Version

Initial [Dropdown]

Signature Required

Yes  No

Engineer

0 [Text input]

(Text)

Number of paper copies

0 [Text input]

(Number)

Number of mylar copes

0 [Text input]

(Number)

Number of buildable lots created

0 [Text input]

(Number)

Number of non-buildable lots created

0 [Text input]

(Number)

Total Number of Lots

0 [Text input]

(Number)

Associated Plans

[Image placeholder]

WELL AND SEPTIC INTERNAL

State Review Required

Yes  No

Coordinate State Review

Yes  No

Proposed Septic System Type

--Select-- [Dropdown]

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select-- [Dropdown]

Licensed Type

--Select-- [Dropdown]

License Category

--Select-- [Dropdown]

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

[Text input]

Operating Seasonally Only

If Operating Seasonally. What is the start month?

[Text input]

Are pets allowed in a outdoor seating area?

Yes  No

Full Bar?

Yes  No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select-- [Dropdown]

Total Seating Capacity

[Text input]

(Number)

Number of Restrooms <input type="text"/> (Number)	Interior Restaurant Seating Capacity <input type="text"/> (Number)
Bar Seating Capacity <input type="text"/> (Text)	Outdoor Seating Capacity <input type="text"/> (Text)
Does the restaurant have outdoor seating <input type="radio"/> Yes <input type="radio"/> No	

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> No	Description of Refrigeration Units <input type="text"/>
--	--

Number of Walk-In Refrigerator Units <input type="text"/> (Number)	Description of Walk-In Freezer Units <input type="text"/> (Text)
Is there a bulk ice machine available <input type="radio"/> Yes <input type="radio"/> No	Space Limitation <input type="text"/>

Number of Hand Sinks Available <input type="text"/> (Number)	Hood System <input type="text"/> (Text)
Ventless Equipment <input type="text"/> (Text)	

**PLUMBING**

Size and installation of the water heater? <input type="text"/> (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 <input type="radio"/> Yes <input type="radio"/> No	Date HACCP Approved by the State <input type="text"/>
Date HACCP Plan Submitted <input type="text"/>	HACCP Plan Approved <input type="text"/>
HACCP Plan Review <input type="text"/>	Plan Review Letter Mailed <input type="text"/>
HACCP Plan Revision Submitted <input type="text"/>	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? <input type="radio"/> Yes <input type="radio"/> No
Are ceiling rafters exposed ? <input type="radio"/> Yes <input type="radio"/> No	Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing? <input type="radio"/> Yes <input type="radio"/> No

**SPECIAL PROCESSING**

Does the facility conduct any special processing? If yes, Please describe.