

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

10/15/2025

Single Entry Edit-View Record Form

Application Name

B25001644

Description

SFD/ CONSTRUCT 20X16 SCREEN ROOM WITH WOOD BURNING FP ON 45X16 DECK W/ STEPS **SUBJECT TO FIELD INSPECTION**/AMENDMENT SUBMITTED 08.18.2025 TO CHANGE PORCH TO 20' X 20'

Total Invoiced

0,00

Total Paid

0,00

Balance

0,00

Assigned to Department Current Department

Well and Septic Progre

Assigned to Staff Current User

Zack Silvast

Online BP. 10/16/25

Address * (This section is required.)

New	Search	Delete	Set Primary											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>				13132		William...	DR	Elli...	MD	21042			

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>			Lee Guerrero	13132 Williamfield Dr.			Ellicott City	MD	21042		US	

Applicant * (This section is required.)

Search	As Owner	As Lic. Prof	As Contact										
Single Entry Applicant Form													
Type *													
Applicant													
Primary													
Yes													
First Name *													
Raymond													
Middle Name													
Last Name *													
Lewis													
Home Phone ((XXX)XXX-XXXX)													

Organization Name *
 Nevins Construction

Mobile Phone ((xxx)xxx-xxxx)
 (410) 746-1068

E-mail
 NEVINSCONST@GMAIL.COM

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

Due Date

Dates to Complete

 (Number)

Received by Food

Food Review Type
 --Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba) *
 (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
 (Text)

Days of Operation
 (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
 (Text)

Facility Email
 (Text)

PROPERTY INFORMATION

Water Source

Design Wastewater Flow

 (Number)

Sewage Disposal

Permit Type
 --Select--

PLAT STATS

Total Number of buildable lots to be recorded
 (Number)

Total number of bulk parcels to be recorded
 (Number)

New buildable lots created

 (Number)

PLAT Type
 --Select--

Total number of open space lots to be recorded
 (Number)

Total number of lots / parcels to be recorded
 (Number)

Date PLAT signed by Health Officer

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

0
(Number)

Total Number of Lots

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)

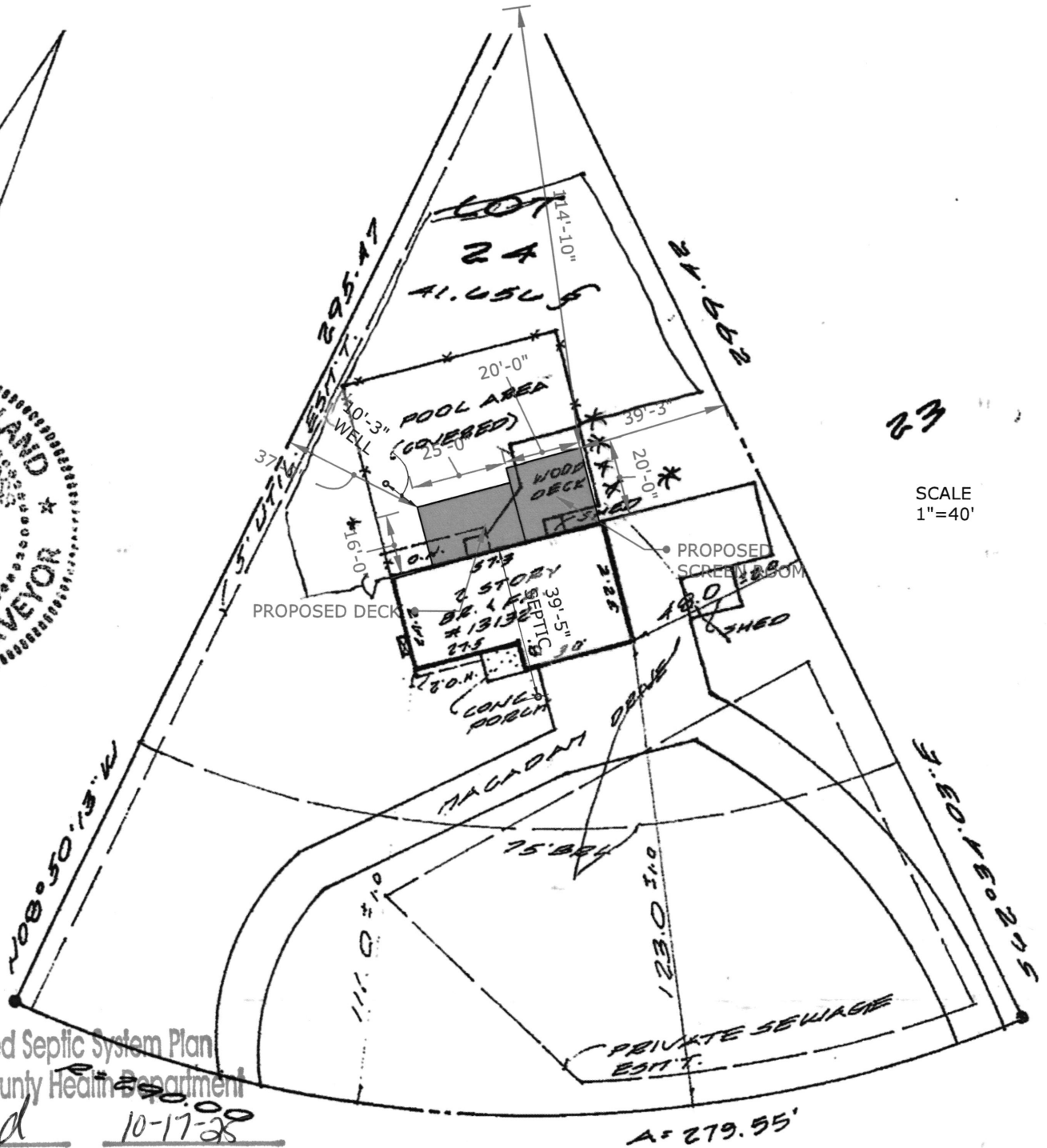
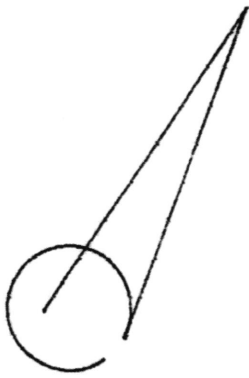
PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease Interceptor or grease trap?

--Select--



23

SCALE
1"=40'

Approved Septic System Plan
Howard County Health Department

Debernard 10-17-28
Signature Date

Approved as WILLIAMFIELD DRIVE
shown

... of property corners was found. Apparent occupation is shown.

10-23-98		Scale: 1"=50' Drn: 8.0.	Surveyor's Certification
Block:	3370	NO TITLE REPORT FURNISHED	I hereby certify that the survey shown hereon is correct to my knowledge and that, unless noted otherwise, it has been made in accordance with the description of record. This survey is not a boundary survey and the existence of property corners is neither guaranteed nor implied. The dimensions shown, are approximate in location. This property does not lie adjacent to any other property.
Parcel:	98-4604		
Address:	13132 WILLIAMFIELD DRIVE		
Unit:	3		
Location:	HOWARD COUNTY MARYLAND		