

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 10/16/2025
Single Entry Edit-View Record Form

Application Name B25004549

Description SFD/ Supply and install a new wood insert into masonry chimney in first floor family room. Hearthstone Clydesdale Wood Insert model 8491**SUBJECT TO FIELD INSPECTION**

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 BP. g/s 10/20/25

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"/>				12730		Maryvale	CT	Elli...	MD	21042			

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/Regio
<input type="checkbox"/>	<input checked="" type="radio"/>			Manu Deep Kaushal	12730 Maryvale Ct.			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 * Gerald
Middle Name
Last Name * Seaton
Home Phone ((XXX)XXX-XXXX)

Approved Septic System Plan
Howard County Health Department
Bernard 11-3-25
Signature Date

Organization Name *

Day or Night Home & Hearth Services LLC

Mobile Phone ((xxx)xxx-xxxx)

(410) 782-4070

E-mail

SEATONFARM@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

10/16/2025

Due Date

10/16/2025

Dates to Complete

14

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

10/16/2025

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

(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

Private

Sewage Disposal

Private

Design Wastewater Flow

(Number)

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0

Number of paper copies

0

Number of mylar copies

0

Number of buildable lots created

Number of non-buildable lots created

<input type="text" value="0"/> (Number)	<input type="text"/> (Number)
Total Number of Lots	Associated Plans
<input type="text" value="0"/> (Number)	<input type="text"/>

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? (Text)

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