

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Cas# EH-PLANS-25-...
Type EnvHealth/Environmental Health/Plan Check/Application

Status In Review
Opened Date 07/17/2025

Online BP. g/s 7/18/25

Single Entry Edit-View Record Form
Application Name B25002801

Description SFD/ REPLACE TONGUE IN GROOVE WOOD SIDING W/ VINYL SIDING ON 24 X 28 SUNROOM ABOVE GARAGE APX 672 SQ FT

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.)

Table with columns: Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 12240, Triadel..., RD, Elli..., MD, 21042

Parcel (This section is not required.)

Table with columns: Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Note: 0 record(s) found.

Owner (This section is not required.)

Table with columns: Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Rt. Row 1: Vladamir Khramakov, 12240 Triadelphia RD., 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 * Vladamir

Middle Name

Last Name * Khramakov

Home Phone ((XXX)XXX-XXXX)

Organization Name * n/a

Mobile Phone ((XXX)XXX-XXXX)

E-mail

Khramakov@gmail.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

7/17/2025

Due Date

7/31/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

7/17/2025

FACILITY INFORMATION

Name of Business (dba)

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

(Text)

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

0 (Text)

Days of Operation

0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

(Text)

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 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

Design Wastewater Flow

0

(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

(Text)

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

(Text)

Extension Granted

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0

(Text)

Number of paper copies

Number of mylar copies

0 (Number)	0 (Number)
Number of buildable lots created	Number of non-buildable lots created
0 (Number)	0 (Number)
Total Number of Lots	Associated Plans
0 (Number)	

WELL AND SEPTIC INTERNAL

State Review Required	Coordinate State Review
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type	
--Select--	

FOOD ESTABLISHMENT FACILITY

Priority Assessment	Licensed Type
--Select--	--Select--
License Category	
--Select--	

FOOD ESTABLISHMENT INFORMATION

Hours of Operation	<input type="checkbox"/> Operating Seasonally Only
(Text)	
If Operating Seasonally. What is the start month?	Are pets allowed in a outdoor seating area?
(Text)	<input type="radio"/> Yes <input type="radio"/> No
Full Bar?	
<input type="radio"/> Yes <input type="radio"/> No	

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category	Total Seating Capacity
--Select--	(Number)
Number of Restrooms	Interior Restaurant Seating Capacity
(Number)	(Number)
Bar Seating Capacity	Outdoor Seating Capacity
(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	Description of Refrigeration Units
<input type="radio"/> Yes <input type="radio"/> No	
Number of Walk-In Refrigerator Units	Description of Walk-In Freezer Units
(Number)	(Text)
Is there a bulk ice machine available	Space Limitation
<input type="radio"/> Yes <input type="radio"/> No	
Number of Hand Sinks Available	Hood System
(Number)	(Text)
Ventless Equipment	
(Text)	

PLUMBING

Size and installation of the water heater?	Is there a grease interceptor or grease trap?
(Text)	--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?	Will there be a grease receptacle?
--Select--	--Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP