

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

 Type

 Status

OK MB 11/3/25

Opened Date

 Single Entry Edit-View Record Form

Application Name

Description

Total Invoiced

 Total Paid

 Balance

Assigned to Department Current Department

 Assigned to Staff Current User

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="radio"/>										
	14600		Triadel...	RD	Dayton	MD	21036				

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		
<input type="checkbox"/>	<input checked="" type="radio"/>										
	Gregory Christiansen	14600 Triadelphia Mill Rd.			Dayton	MD	21036				US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
 Type *

 Primary

 First Name *

 Middle Name

 Last Name *

 Home Phone (xxx)xxx-xxxx

Organization Name *

Ground Loop Heating & Air Conditioning, Inc.

Mobile Phone ((xxx)xxx-xxxx)

E-mail

CAITLIN@GROUNDLOOP.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

10/24/2025

Due Date

11/7/2025

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

10/24/2025

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

0 (Text)

Days of Operation

0 (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

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

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

Signature Required

Yes No

Number of paper copies

(Number)

Number of buildable lots created

(Number)

Total Number of Lots

(Number)

Plan Version

Initial

Engineer

(Text)

Number of mylar copes

(Number)

Number of non-buildable lots created

(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--