

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
02/27/2025

Single Entry Edit-View Record Form

Application Name
B25000522

Description
SUITE 130/ LEVEL ORTHODONTICS/ Interior fit out work for a dental office

Approved
-MRS 3/14/25

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Online BP.
gdl 3/3/25

Assigned to Department Current Department
Well and Septic Progr: v

Assigned to Staff Current User
Zack Silvast v

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"/>	<u>Primary</u>	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>						8001		Hillsbo...	RD	Elli...	MD	21043			SUITE	1:

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"/>	<u>Primary</u>	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>			
0 record(s) found.																	

Owner (This section is not required.)

Search	Delete	Set Primary															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Primary</u>	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Count</u>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Taylor Village Family Limited	8 Park Center CT.			Owings Mills	MD	21117		US					

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant v

Primary
Yes v

First Name *
John

Middle Name

Last Name *
Matthew

Home Phone ((xxx)xxx-xxxx)

Organization Name *
 Jayz Design & Contracting LLC
 Mobile Phone ((xxx)xxx-xxxx)
 (240) 584-2338
 E-mail
 info@jayzdesign.com
 Business Phone ((xxx)xxx-xxxx)

Preferred Channel
 --Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
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0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 2/26/2025 Due Date: 3/12/2025
 Dates to Complete: 14 Received by Food
 Food Review Type: --Select-- Equipment Specification Sheets Submitted
 Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic
 2/26/2025

FACILITY INFORMATION

Name of Business (dba) * n/a
 Associated Building Permit Number
 Owner Switch Date
 Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Does the project include Private Septic? If Yes, forward to WS Program.
 Is this a Prototype Food Service Facility? If Yes, refer to State.
 Facility Fax
 Days of Operation
 Does this project have a Building Permit?
 Building Permit Issued Date
 Non-Profit
 Does the project include Private Well? If Yes, forward to WS Program.
 Does the project include Food Services? If Yes, forward to FP Program.
 Facility Phone
 Facility Email

PROPERTY INFORMATION

Water Source: Public Sewage Disposal: Public
 Design Wastewater Flow: 0 Permit Type: --Select--

PLAT STATS

Total Number of buildable lots to be recorded: 0
 Total number of open space lots to be recorded: 0
 Total number of bulk parcels to be recorded: 0
 Total number of lots / parcels to be recorded: 0
 New buildable lots created: 0
 Date PLAT signed by Health Officer
 PLAT Type: --Select--

DEVELOPMENT PLANS

Property Type
Commercial

Plan Version
Initial

Signature Required
 Yes No

Engineer
0
(Text)

Number of paper copies
0
(Number)

Number of mylar copies
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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?
--Select--

Will there be a grease receptacle?
--Select--

WAREWASHING DISHWASHING

Dis:washing Method

--Select--

HACCP

Plan Review Response Letter Received

Date HACCP Approved by the State

Yes No

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

Kitchen Cove Base

--Select--

--Select--

Storage - Food Storage Flooring

Storage - Food Storage Cove

--Select--

--Select--

Utensil Washing Area Flooring

Utensil Washing Area Cove

--Select--

--Select--

Dressing / Locker Room Flooring

Dressing / Locker Room Cove

--Select--

--Select--

Toilet Area Flooring

Toilet Area Cove

--Select--

--Select--

Walk-in Refrigerator Flooring

Walk-in Refrigerator Cove

--Select--

--Select--

Kitchen Walls

Utensil Washing Area Walls

--Select--

--Select--

Restroom Walls

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

--Select--

Yes No

Are ceiling rafters exposed ?

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

Yes No

SPECIAL PROCESSING

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

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

B. Contour plan included

--Select--

--Select--

C. Top and sectional views provided

Comments

--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

--Select--

1. vertical openings > 1-3/4 inches in width

2. horizontal members on the outside of the fence

--Select--

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

Comments

--Select--

March 4th, 2025

Level Orthodontics

8001 Hillsborough Road, Suite 130
Ellicott City, MD 21043

Sent via email to:

RE: #B25000522
8001 Hillsborough Road

To Whom It May Concern:

This letter is in response to building permit B25000522. The building permit application and plans indicate proposed work that includes new x-ray equipment and/or high-energy/radiation technology that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department on 3/04/25. I may be reached at 410 313-1771 if you would like to discuss the project in more detail.

Respectfully,

Melanie Eshenbaugh
Well & Septic Program
Bureau of Environmental Health