

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  
07/28/2025

Single Entry Edit-View Record Form

Application Name  
B25002330

Description  
SFD/ REPAIRS TO EXISTING GARAGE TO INCLUDE: Repair over both the 18ft and 16ft garage door header and brick lintels to address sagging, deflection and cracking. The work will include shoring and bracing of garage ceiling truss, confirm there is sufficient built-up end stud support, replacement of garage door header wood beams, installation of new plywood wall sheathing and wall membrane, installation of new brick support lintel, installation of...

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 & 7/29/25

Already Approved  
7/29/25  
8/1/25 without Health Review  
7/29/2025

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"/>	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="checkbox"/>					12151		Mount A...	CT	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/Regi		
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Lucio Maldonado	12151 Mount Albert 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 \*  
Lucio

Middle Name

Last Name \*  
Maldonado

Home Phone (xxx)xxx-xxxx

Organization Name \*

n/a

Mobile Phone ((XXX)XXX-XXXX)

(443) 852-4090

E-mail

xm8750@yahoo.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
0 record(s) found.									

Custom Fields

DATE TRACKING

Received Date

7/28/2025

Due Date

8/11/2025

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

7/28/2025

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

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

PLAT Type

--Select--

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 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--