

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #  
EH-PLANS-26-0

Type  
EnvHealth/Environmental Health/Plan Check/Application

Status  
In Review

Opened Date  
03/24/2026

Application Name  
B25005442

Description  
SFD/ CONSTRUCT 14x28 SHED FOR STORAGE

Online BP. g& 3/25/26

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.)

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 checked="" type="checkbox"/>	6312		Golden ...	CT	Clar...	MD	21029				

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"/>	<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"/>	<input type="checkbox"/>
Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Reg			
<input checked="" type="checkbox"/>	Danny Selby T/E	6312 Golden Harvest Ct.			Clarksville	MD	21029		US			

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*

Applicant

Primary  
Yes

First Name \*  
Danny

Middle Name

Last Name \*  
Selby

Home Phone ((xxx)xxx-xxxx)

Signature  
Date  
Approved Septic System Plan  
Howard County Health Department  
Kana Bernard 4-7-26

**Organization Name \***  
 - n/a

**Mobile Phone** ((xxx)xxx-xxxx)  
 (240) 271-9913

**E-mail**  
 dannyselbyladder2@gmail.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**  
3/24/2026

**Due Date**  
4/7/2026

**Dates to Complete**  
14 (Number)

**Received by Food**

**Food Review Type**  
--Select--

**Equipment Specification Sheet**

**Equipment Specification Sheets Submitted**

**Received by Community Hygiene**

**Received by Well and Septic**  
3/24/2026

**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

**Design Wastewater Flow**  
0 (Number)

**Sewage Disposal**  
Private

**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)

**PLAT Type**  
--Select--

**Date PLAT signed by Health Officer**

**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 copes

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

[Empty text area]

**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 input] (Text)

Operating Seasonally Only

If Operating Seasonally. What is the start month?

[Text input] (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

[Text input]

(Number)

Number of Restrooms

[Text input]

(Number)

Interior Restaurant Seating Capacity

[Text input]

(Number)

Bar Seating Capacity

[Text input]

(Text)

Outdoor Seating Capacity

[Text input]

(Text)

Does the restaurant have outdoor seating

Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards

Yes  No

Description of Refrigeration Units

[Text input]

Number of Walk-In Refrigerator Units

[Text input] (Number)

Description of Walk-In Freezer Units

[Text input] (Text)

Is there a bulk ice machine available

Yes  No

Space Limitation

[Text input]

Number of Hand Sinks Available

[Text input] (Number)

Hood System

[Text input]

(Text)

Ventless Equipment

[Text input] (Text)

**PLUMBING**

Size and Installation of the water heater?

[Text input] (Text)

Is there a grease interceptor or grease trap?

--Select--