

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
04/01/2026

Single Entry Edit-View Record Form

Application Name
B25002581

Description
SFD/ CONSTRUCT 30 X 40 (1) STORY DETACHED GARAGE WITH CAR LIFT, REMOVE EXISTING SHEDS /, 1 STORY, Slab on Grade, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = Detached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method

Online BP. g/l 4/1/26

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"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>					2801		Glenwoo...	DR	Glen...	MD	21738			

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	Coun		
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Aung Kyaw Min Lal	2801 Glenwood Springs Drive			Glenwood	MD	21738		US		

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Aung

Middle Name

Last Name *
Lal

Home Phone ((XXX)XXX-XXXX)

Organization Name *
n/a

Mobile Phone ((XXX)XXX-XXXX)
(240) 520-1052

E-mail

Approved Septic System Plan
Howard County Health Department

DBernard 4-15-26
Signature Date

Please do not stack
building supplies in septic
area

docakmlal@yahoo.com
Business Phone (xxx)xxx-xxxx

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
3/31/2026

Due Date
4/14/2026

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
3/31/2026

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does this project have a Building Permit?
 Yes No

Building Permit Issued Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Yes No

Non-Profit

Does the project include Private Septic? If Yes, forward to WS Program.
 Yes No

Does the project include Private Well? If Yes, forward to WS Program.
 Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Does the project include Food Services? If Yes, forward to FP Program.
 Yes No

Facility Fax
0 (Text)

Facility Phone
0 (Text)

Days of Operation
0 (Text)

Facility Email
0 (Text)

PROPERTY INFORMATION

Water Source
--Select--

Sewage Disposal
--Select--

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

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

Number of non-buildable lots created

0
(Number)
Total Number of Lots
0
(Number)

0
(Number)
Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required Yes No
Proposed Septic System Type --Select--
Coordinate State Review Yes No

FOOD ESTABLISHMENT FACILITY

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

FOOD ESTABLISHMENT INFORMATION

Hours of Operation (Text)
If Operating Seasonally. What is the start month? (Text) Operating Seasonally Only
Are pets allowed in an outdoor seating area? Yes No
Full Bar? Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category --Select--
Number of Restrooms (Number)
Bar Seating Capacity (Text)
Does the restaurant have outdoor seating Yes No
Total Seating Capacity (Number)
Interior Restaurant Seating Capacity (Number)
Outdoor Seating Capacity (Text)

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards Yes No
Description of Refrigeration Units
Number of Walk-In Refrigerator Units (Number)
Is there a bulk ice machine available Yes No
Description of Walk-In Freezer Units (Text)
Space Limitation
Number of Hand Sinks Available (Number)
Ventless Equipment (Text)
Hood System (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

Dishwashing Method --Select--

HACCP

Plan Review Response Letter Received Yes No
Date HACCP Plan Submitted
Date HACCP Approved by the State
HACCP Plan Approved

