

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 B26000913

Description SFD/ ALTERATIONS TO FIRST FLOOR TO INCLUDE KITCHEN AND HALF BATH REMODEL, INSTALL NEW STEEL LINTL OVER DOOR BETWEEN FAMILY ROOM AND KITCHEN, INFILL WINDOW OPENING BETWEEN KITCHEN AND FAMILY ROOM, INSTALL NEW APPLIANCES, FLOORING UPPER CABINETS, ENLARGE HALF BATH AND RELOCATE TOILET APX 330 SQ FT.

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"/>	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"/>	3455		Jenning...		Wood...	MD	21797					

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \* Applicant

Primary Yes

First Name \* James

Middle Name

Last Name \* Cox

Home Phone ((xxx)xxx-xxxx)

Organization Name \* JKC QUALITY CONSTRUCTION CO LLC

Mobile Phone ((xxx)xxx-xxxx) (240) 372-2412

E-mail JKCQUALITYCONSTR@AOL.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel --Select--

Applicant Address

Online BP. gA 4/1/26

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date  Due Date

Dates to Complete  Received by Food

Food Review Type  Equipment Specification Sheets Submitted

Equipment Specification Sheet  Received by Community Hygiene

Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba) \*  (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  (Text)

Days of Operation  (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  (Text)

Facility Email  (Text)

PROPERTY INFORMATION

Water Source  Sewage Disposal

Design Wastewater Flow  (Number) Permit Type

PLAT STATS

Total Number of buildable lots to be recorded  (Number)

Total number of bulk parcels to be recorded  (Number)

New buildable lots created  (Number)

PLAT Type

Total number of open space lots to be recorded  (Number)

Total number of lots / parcels to be recorded  (Number)

Date PLAT signed by Health Officer

Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type

Signature Required  Yes  No

Number of paper copies  (Number)

Number of buildable lots created  (Number)

Total Number of Lots  (Number)

Plan Version

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

Is there a bulk ice machine available

Yes  No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

Ventless Equipment

(Text)

(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 Approved by the State

Date HACCP Plan Submitted

(Text)

HACCP Plan Approved

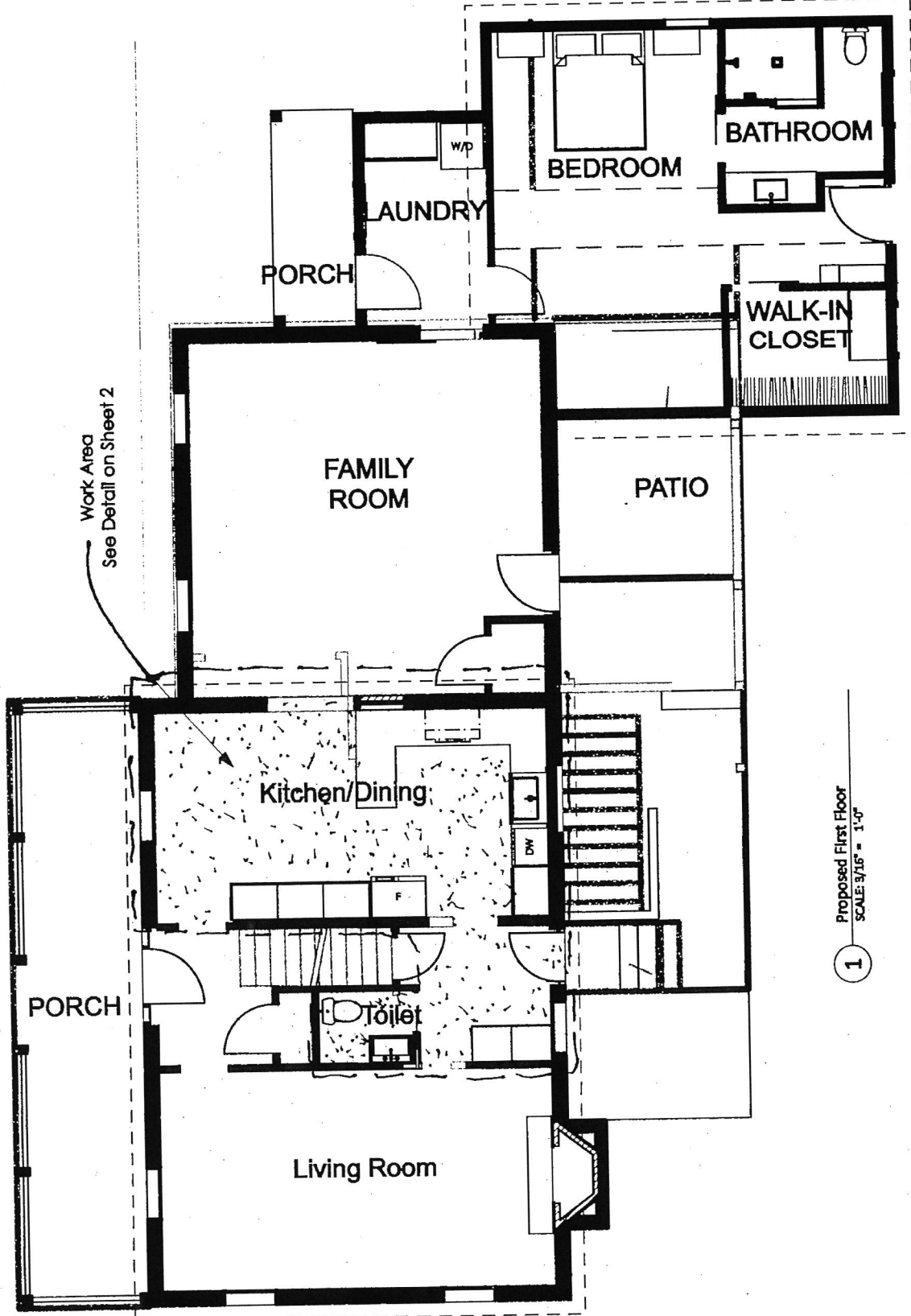
HACCP Plan Review

(Text)

Plan Review Letter Mailed

(Text)

(Text)



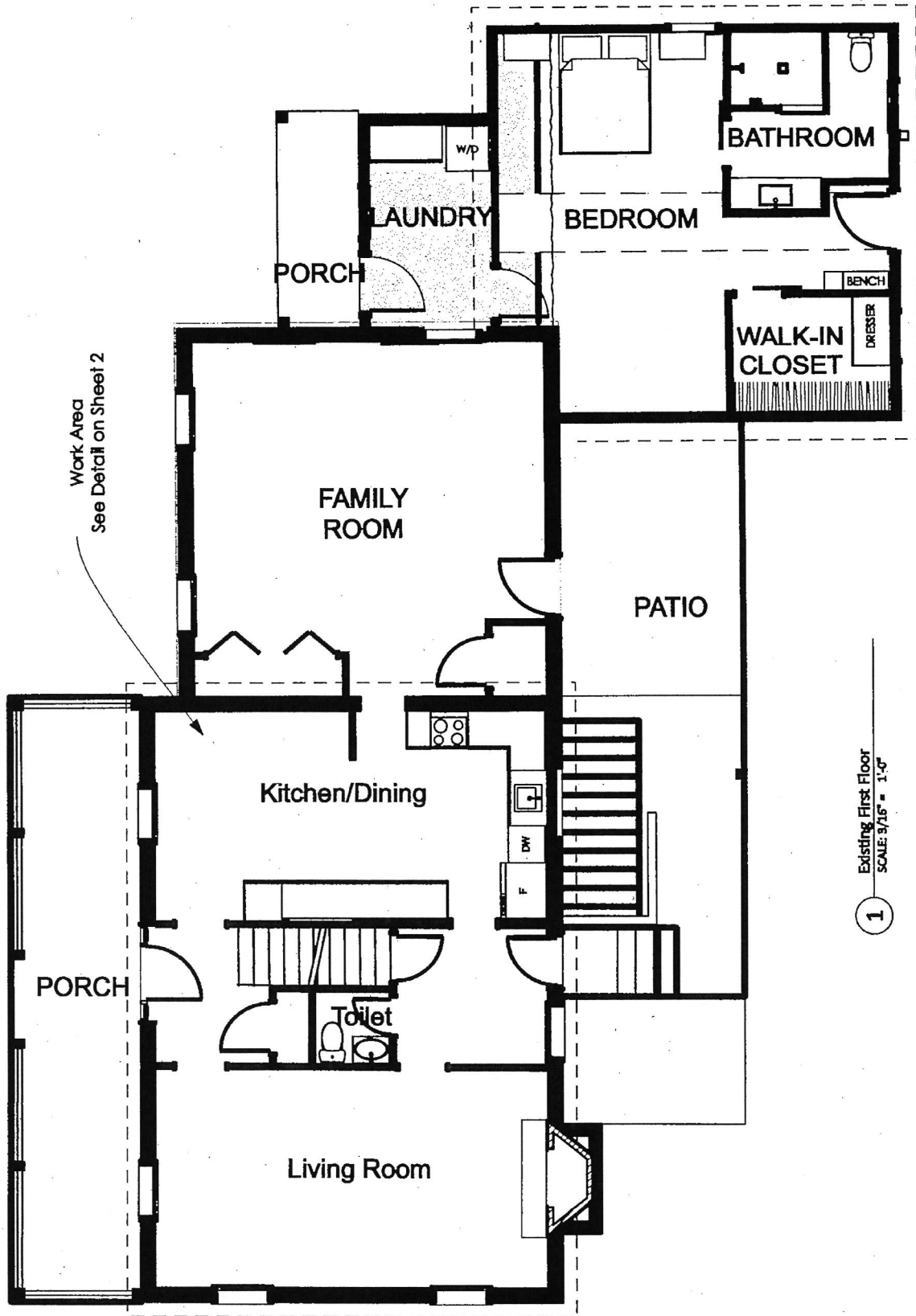
Work Area  
See Detail on Sheet 2

1  
Proposed First Floor  
SCALE: 3/16" = 1'-0"

Proposed First Floor Plan  
3/20/26

**WEAVER KITCHEN RENOVATION**  
3455 JENNINGS CHAPEL ROAD WOODBINE MD 21797

JONATHAN WEAVER, Architect  
3455 Jennings Chapel Rd, Woodbine, MD 21797  
978.836.6670



Work Area  
See Detail on Sheet 2

1 Existing First Floor  
SCALE: 3/16" = 1'-0"

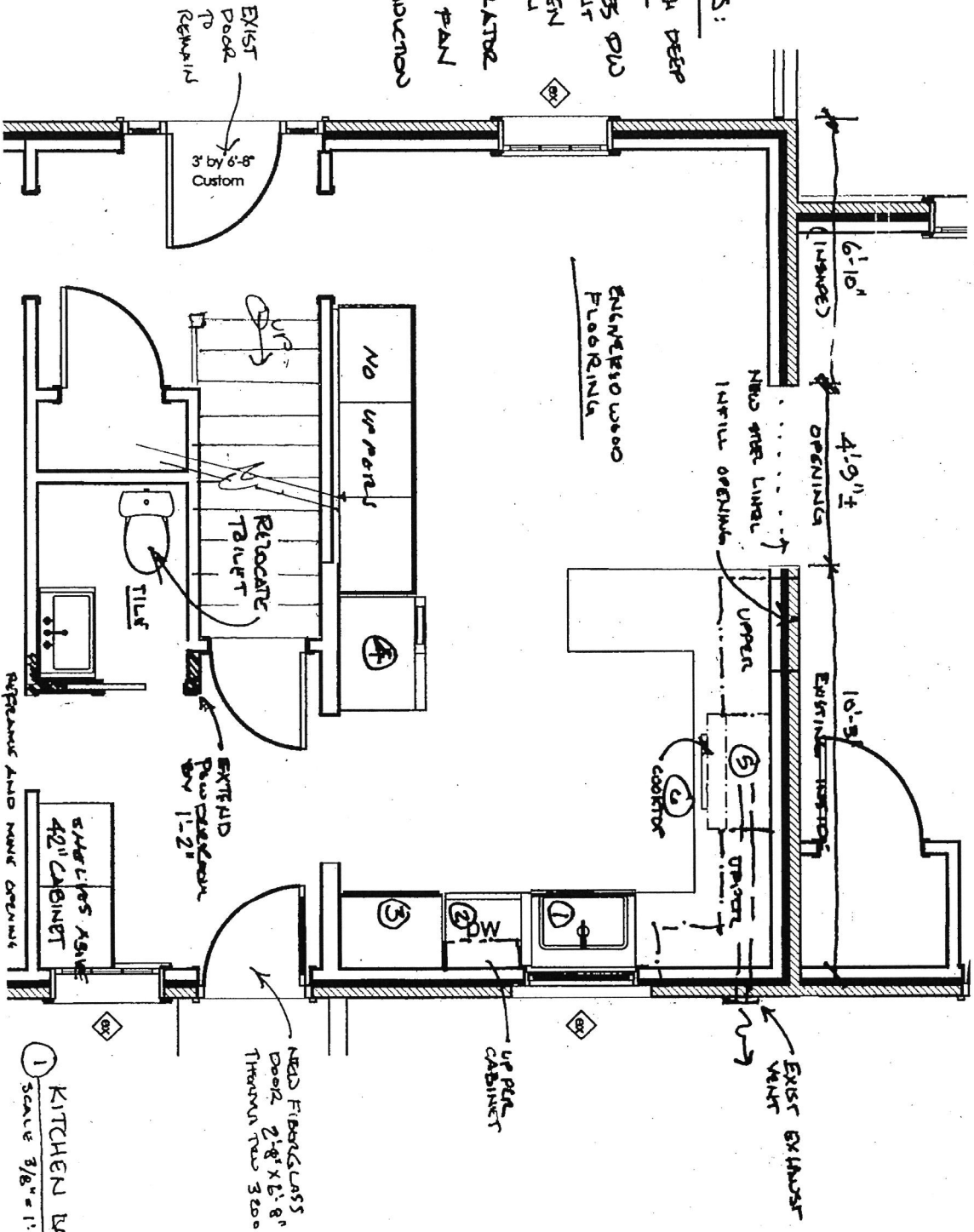
existing first floor  
3/2/26  
EXI

**WEAVER KITCHEN RENOVATION**  
3455 JENNINGS CHAPEL ROAD WOODBINE MD 21797

JONATHAN WEAVER, Architect  
3455 Jennings Chapel Rd, Woodbine, MD 21797  
978.836.6870

**APPLIANCE & NOTES:**

- ① APRON SINK WITH DEEP CATCH STRAINING
- ② BENCH 600 SERIES PWD WY CABINET FRONT
- ③ GE MONOGRAM OVEN AND SPEED OVEN
- ④ BENCH REFRIGERATOR
- ⑤ ZEPHYR 400CM PAN
- ⑥ GE MONOGRAM INDUCTION COOK TOP



① KITCHEN LAYOUT  
SCALE 3/8" = 1'-0"

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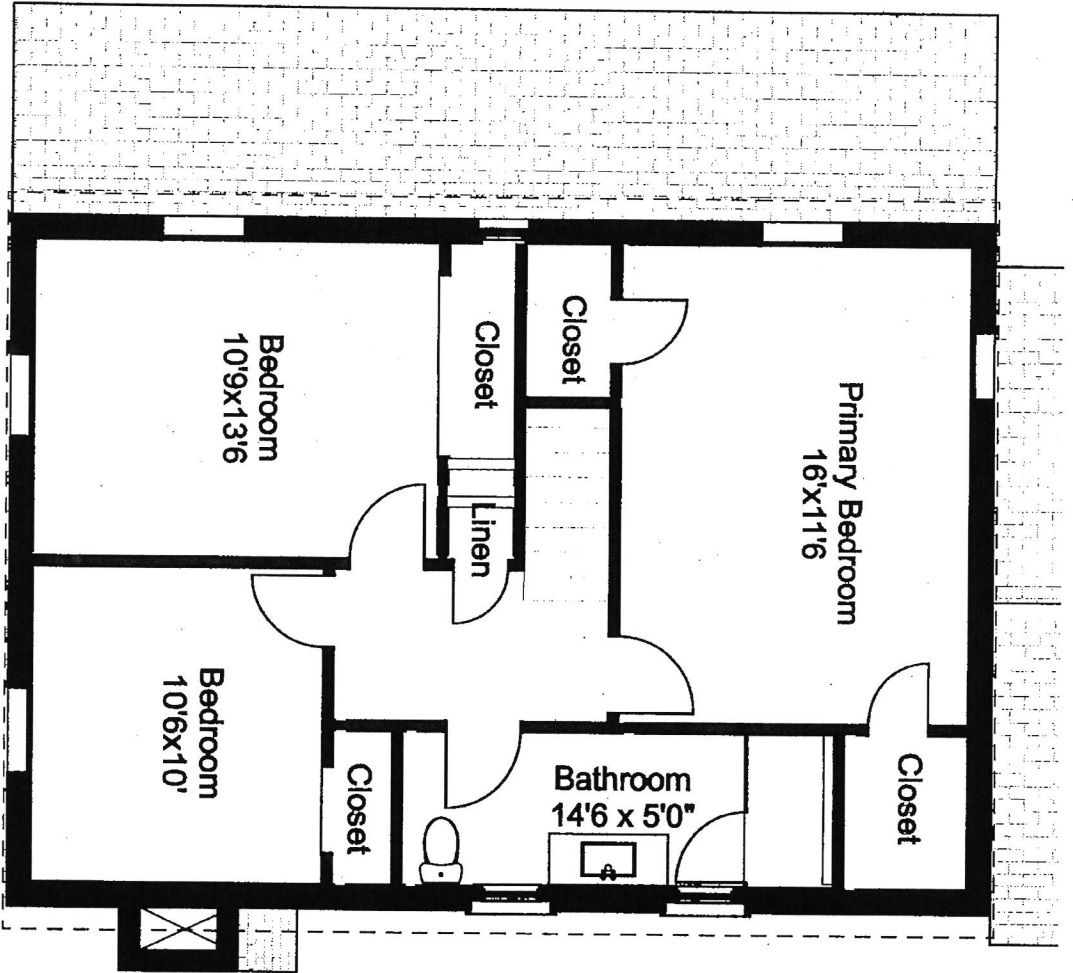


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**WEAVER KITCHEN RENOVATION**  
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Existing Upper Floor  
5/16/26

EX2



NO WORK THIS FLOOR

1 Existing Second Floor  
SCALE: 1/4" = 1'-0"