

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

03/13/2025

Single Entry Edit-View Record Form

Application Name

B25000899

Description

SFD/ REMODEL SECOND FLOOR MASTER BATH**APPROVAL IF FOR MASTER BATH ONLY, SUBJECT TO FIELD INSPECTION**

Approved RHE
3/14/2025

Online BP. g/l 3/13/25

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"/>	2818		Bridalw...	CT	Wood...	MD	21797				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<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"/>	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="radio"/>	Athanasios Pratilas	2818 Bridalwreath Ct.			Woodbine	MD	21797	917-846-1807	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Athanasios

Middle Name

Last Name *

Pratilas

Home Phone (xxx)xxx-xxxx

(917) 846-1807

Organization Name *

n/a
Mobile Phone ((XXX)XXX-XXXX)
(917) 846-1807
E-mail
dpratilas@gmail.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel

-Select-

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 3/13/2025, Due Date: 3/27/2025, 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: 3/13/2025

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? Yes No, 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: Private, Sewage Disposal: Private, 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

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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

WASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

Date HACCP Approved by the State

Yes No

[a]

Date HACCP Plan Submitted

HACCP Plan Approved

[a]

HACCP Plan Review

[a]

Plan Review Letter Mailed

[a]

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling rafters exposed ?

Yes No

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

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

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

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

--Select--

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

--Select--

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

--Select--

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

--Select--

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

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

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

--Select--

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

--Select--

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

--Select--

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

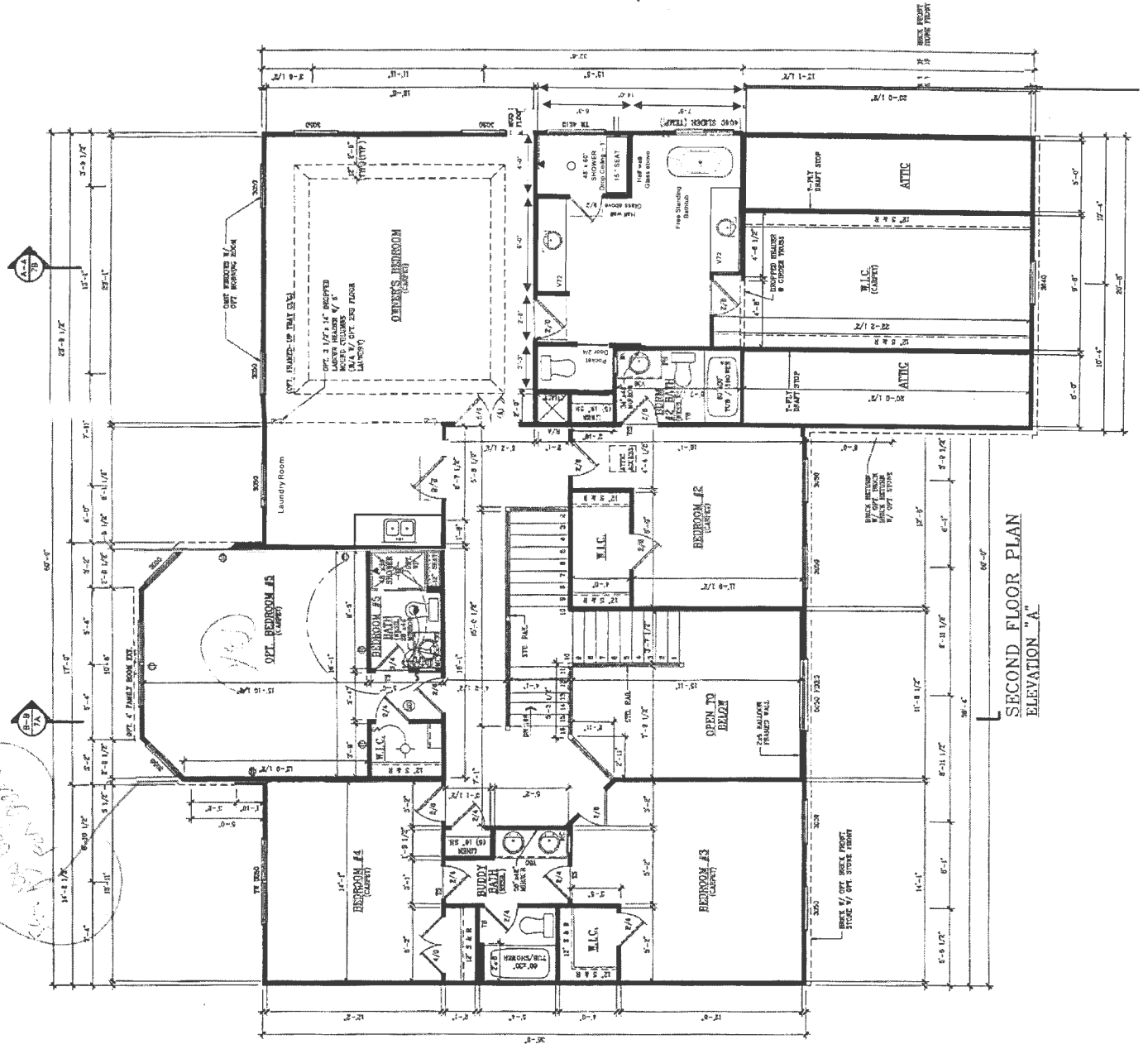
--Select--

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

--Select--

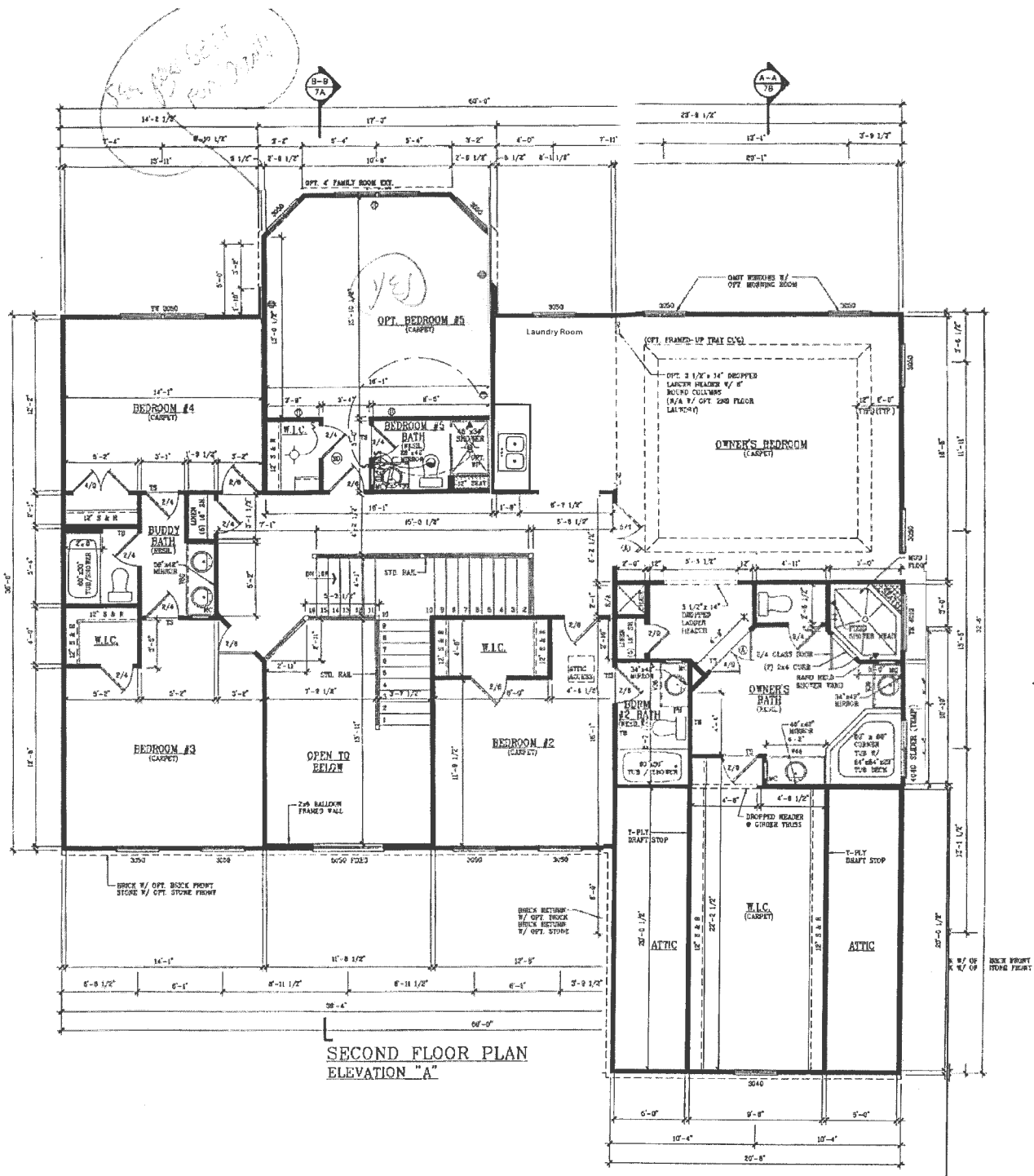
Comments

Second Floor Plan



SECOND FLOOR PLAN
ELEVATION "A"

Handwritten note: Note on the left side of the plan, possibly indicating a specific area or revision.



Existing
Floor Plan