

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #  
EH-PLANS-25-0

Type  
Env/Health/Environmental Health/Plan Check/Application

Status  
In Review

Opened Date  
01/31/2025

Single Entry Edit-View Record Form

Application Name  
B25000417

Online BP.  
98 2/3/25

Approved 7/12  
2/13/2015

Description  
SFD/ INTERIOR ALTERATIONS TO Renovate 2ND FLOOR master suite and bathroom remodel, replacing doors and windows

Total Invoiced  
0.00

Total Paid  
0.00

Balance  
0.00

Assigned to Department Current Department  
Well and Septic Progr: v

Assigned to Staff Current User  
Zack Silvast v

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"/>	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"/>						13509		Golden ...	DR	High...	MD	20777				

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"/>	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"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				Kuo I-Lin	13509 Golden Corn Dr.			Highland	MD	20777	202-868-9803	US				

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*  
Applicant v

Primary  
Yes v

First Name \*  
Adam

Middle Name

Last Name \*  
August

Home Phone ((xxx)xxx-xxxx)

Organization Name \*

Clarksville Construction Services

Mobile Phone ((xxx)xxx-xxxx)

(443) 386-3099

E-mail

ADAMAUGUST1970@GMAIL.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date

1/31/2025

Due Date

2/14/2025

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

1/31/2025

FACILITY INFORMATION

Name of Business (dba) \*

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

(Text)

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

(Text)

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

(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

(Text)

PLAT Type

--Select--

**DEVELOPMENT PLANS**

**Property Type**

Residential

**Signature Required**

Yes  No

**Number of paper copies**

0  
(Number)

**Number of buildable lots created**

0  
(Number)

**Total Number of Lots**

0  
(Number)

**Plan Version**

Initial

**Engineer**

0

(Text)

**Number of mylar copies**

0  
(Number)

**Number of non-buildable lots created**

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--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received Date HACCP Approved by the State

Yes  No

ca

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

Kitchen Cove Base

--Select--

--Select--

Storage - Food Storage Flooring

Storage - Food Storage Cove

--Select--

--Select--

Utensil Washing Area Flooring

Utensil Washing Area Cove

--Select--

--Select--

Dressing / Locker Room Flooring

Dressing / Locker Room Cove

--Select--

--Select--

Toilet Area Flooring

Toilet Area Cove

--Select--

--Select--

Walk-in Refrigerator Flooring

Walk-in Refrigerator Cove

--Select--

--Select--

Kitchen Walls

Utensil Washing Area Walls

--Select--

--Select--

Restroom Walls

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

--Select--

Yes  No

Are ceiling rafters exposed ?

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

Yes  No

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

B. Contour plan included

--Select--

--Select--

C. Top and sectional views provided

Comments

--Select--

AF BARRIER FENCING

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

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

--Select--

--Select--

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

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

--Select--

--Select--

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

2. horizontal members on the outside of the fence

--Select--

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

--Select--

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

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

--Select--

--Select--

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

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

--Select--

--Select--

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

Comments

--Select--

## Freemon, Robert

---

**From:** Nick Clements <nick@clarksvilleconstruction.net>  
**Sent:** Monday, February 10, 2025 11:44 AM  
**To:** Whalen, Deborah  
**Subject:** Fwd: Zhen  
**Attachments:** Zhen Balcony 1.HEIC

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Debbie

The cantilevered balcony is shown on the existing floor plan and is an existing balcony. Also see the attached photo.

Thank you,

----- Forwarded message -----

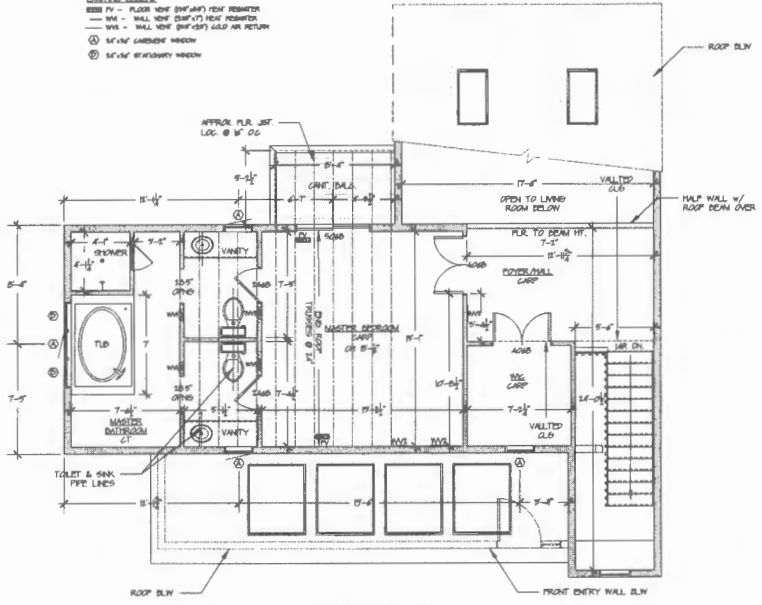
**From:** Madelin Sagastume <madelin@clarksvilleconstruction.net>  
**Date:** Mon, Feb 10, 2025 at 11:36 AM  
**Subject:** Zhen  
**To:** Nick Clements <nick@clarksvilleconstruction.net>, John Powell <johnpowell@clarksvilleconstruction.net>

<https://dilp.howardcountymd.gov/CitizenAccess/Cap/CapDetail.aspx?Module=Building&TabName=Building&capID1=25FIR&capID2=00000&capID3=01474&agencyCode=HOWARD&IsToShowInspection=>

Click on the second building permit on the main portal website ( B25000417) and then click on Record Info and then on Processing Status

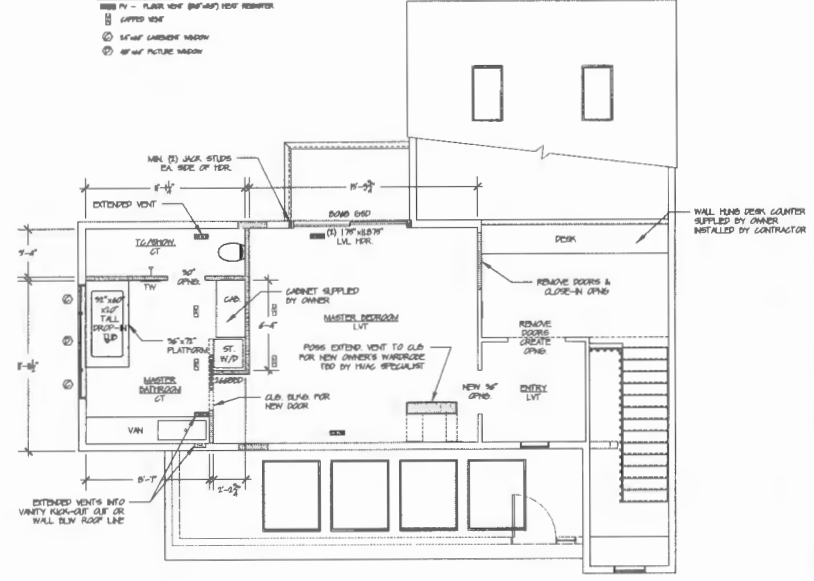
Approved 1325000417  
 RME 2/17/2025

**EXISTING LEGEND**  
 --- PL - PLASTER NEW (20'x10') NEW REVISION  
 --- W - WALL NEW (20'x10') NEW REVISION  
 --- W - WALL NEW (20'x10') GILD AIR RETURN  
 ○ 1/2" x 1/2" LAMINATE WINDOW  
 ○ 1/2" x 1/2" WINDOW WINDOW



EXISTING 2ND FLOOR LEFT MASTER SUITE PLAN  
 1/8" = 1'-0"

**PROPOSED LEGEND**  
 --- PL - PLASTER NEW (20'x10') NEW REVISION  
 --- W - WALL NEW (20'x10') NEW REVISION  
 ○ 1/2" x 1/2" LAMINATE WINDOW  
 ○ 1/2" x 1/2" WINDOW WINDOW



EXISTING 2ND FLOOR LEFT MASTER SUITE PLAN  
 1/8" = 1'-0"

**GENERAL NOTES**

- FIELD VERIFY ALL DIMENSIONS. DO NOT SCALE DRAWINGS.
- DIMENSIONS SHOWN ARE TO FRAMED WALLS.

No	Revision/Issue	Date

**CLARKSVILLE CONSTRUCTION SERVICES, INC.**  
 EST. 1989  
 7380 COCA COLA DRIVE #123  
 HANOVER, MD. 21076

ZENG  
 MASTER SUITE  
 1805 GOLDEN CORN DRIVE  
 HIGHLAND, MD 20771

PRELIMINARY  
 CONSTRUCTION  
 X PERMIT

PROJECT 0610512	SHEET:
DATE: 10-14-24	B1
DRAWN BY: JF/DNC	
REV & PROP. BY: DNC	

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