

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
03/12/2025

Single Entry Edit-View Record Form

Application Name
B25000819

Description

Online B.P. g/l 3/12/25

Approved R/E 3/18/2025

SFD/ Construct 18 X 12 PORCH ON NEW 25 X 12 OPEN DECK AT REAR OF HOME, 6 X 11 portico over front door. INTERIOR ALTERATIONS TO MAIN FLOOR TO INCLUDE REMODEL OF kitchen and mudroom. Install new front door and rear door to deck. Install new siding on entire house and paint entire exterior. INTERIOR WORK APX 1400 SQ FT

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"/>	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"/>			7500		Flamewood	DR	Clar...	MD	21029				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner		Set Primary										
<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"/>	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"/>		Andrew Shobe	7500 Flamewood Drive			Clarksville	MD	21029	702-460-6148	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 *
Christopher

Middle Name

Last Name *
Parker

Home Phone ((xxx)xxx-xxxx)

Organization Name *
C.M Parker Construction

Mobile Phone ((xxx)xxx-xxxx)

(443) 985-7310
E-mail
chris@parkerdesignbuild.com
Business Phone ((xxx)xxx-xxxx)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 3/12/2025 Due Date 3/26/2025
Dates to Complete 14 Received by Food
(Number)
Food Review Type --Select-- Equipment Specification Sheets Submitted
Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic

3/12/2025

FACILITY INFORMATION

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

Associated Building Permit Number
(Text)

Owner Switch Date
(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 Sewage Disposal Private

Design Wastewater Flow Permit Type
(Number) --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--

DEVELOPMENT PLANS

Property Type Residential Plan Version Initial

Signature Required Yes No Engineer
(Text)

Number of paper copies 0 Number of mylar copies 0

Number of buildable lots created Number of non-buildable lots created

0 (Number)	0 (Number)
Total Number of Lots	Associated Plans
0 (Number)	

WELL AND SEPTIC INTERNAL

State Review Required	Coordinate State Review
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type	
--Select--	

FOOD ESTABLISHMENT FACILITY

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

FOOD ESTABLISHMENT INFORMATION

Hours of Operation	(Text)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally. What is the start month?	(Text)	Are pets allowed in a outdoor seating area?
		<input type="radio"/> Yes <input type="radio"/> No
Full Bar?		
<input type="radio"/> Yes <input type="radio"/> No		

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category	Total Seating Capacity
--Select--	(Number)
Number of Restrooms	Interior Restaurant Seating Capacity
(Number)	(Number)
Bar Seating Capacity	Outdoor Seating Capacity
(Text)	(Text)
Does the restaurant have outdoor seating	
<input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

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

PLUMBING

Size and installation of the water heater?	Is there a grease interceptor or grease trap?
(Text)	--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?	Will there be a grease receptacle?
--Select--	--Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received	Date HACCP Approved by the State
<input type="radio"/> Yes <input type="radio"/> No	
Date HACCP Plan Submitted	HACCP Plan Approved

HACCP Plan Review Plan Review Letter Mailed

HACCP Plan Revision Submitted HACCP Fee Type -Select--

FINISHING SCHEDULE

Form with dropdown menus for Kitchen Floor / Bar Flooring, Storage - Food Storage Flooring, Utensil Washing Area Flooring, Dressing / Locker Room Flooring, Toilet Area Flooring, Walk-in Refrigerator Flooring, Kitchen Walls, Restroom Walls, and ceiling rafter exposure options.

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

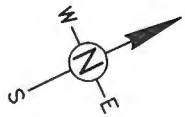
A. Drawn to scale and prepared by a licensed engineer or architect B. Contour plan included C. Top and sectional views provided Comments

AF BARRIER FENCING

Form with dropdown menus for barrier specifications: A. Minimum 6' high barrier, B. Maximum vertical clearance, C. Fence pickets, D. Barrier with horizontal members, E. Barrier main access gate, F. Minimum 5' high barrier, G. Wading or infant pool.

AF INFORMATION

Plan Review Type Aquatic Facility Project Description County Building Permit Number Expected Completion of Construction



Approved
B25000819 R14
3/18/2025

Property Line

Garage

Swimming Pool

Proposed Screen Porch
Proposed Deck

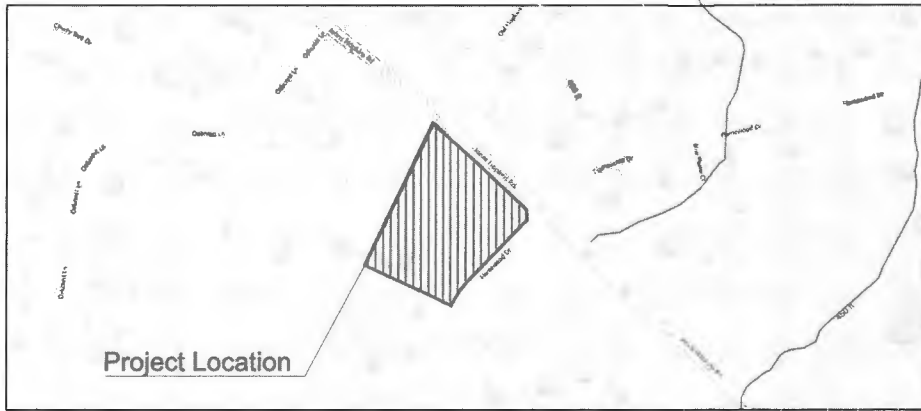
Proposed Porch

Private Sewage Easement

Johns Hopkins Rd

Flamewood Dr

Vicinity Map NOT TO SCALE



Project Location

Parcel No. (APN) 05-381258
Land Use RESIDENTIAL
SINGLE FAMILY RESIDENCE
Lot Area 190,357 SF (4.37 ACRES)

ADDRESS: 7500 Flamewood Dr
Clarksville, MD 21029
Scale: 1"=60'

THIS IS NOT A LEGAL SURVEY, NOR IS IT INTENDED TO BE OR REPLACE ONE
This work product represents only generalized locations of features, objects or boundaries and should not be relied upon as being legally authoritative for the precise location of any feature, object or boundary.

GENERAL CONSTRUCTION NOTES:

1. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AGAINST THE RECORD DRAWINGS AND FIELD SURVEY. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES.

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CONCRETE:

1. ALL CONCRETE SHALL BE PLACED AND FINISHED TO THE SPECIFICATIONS OF THE CONTRACT DOCUMENTS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES.

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MASONRY:

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WOOD:

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METALS:

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THERMAL & MOISTURE PROTECTION:

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FINISHES:

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ELECTRICAL:

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REVISIONS	DATE	BY
3/19/24	RB	
3/20/24	RB	
4/11/24	RB	

RB Home Design
 2061 D MOUNT HOREB RD STREET MD 21154
 443-613-5115

SHOBE RESIDENCE
 ADDITION / RENOVATION
 7500 FLAMEWOOD DR.
 CLARKSVILLE MD 21029

THE CONTRACTOR IS RESPONSIBLE FOR DIMENSIONS TO BE CONFIRMED AND CORRELATED AT SITE FOR INFORMATION THAT PERTAINS SOLELY TO THE FABRICATION PROCESSES OR TO THE MEANS, METHODS, TECHNIQUES, SEQUENCES AND PROCEDURES OF CONSTRUCTION OF THE WORK OF ALL TRADES

RB HOME DESIGNS
 DATE: 4/11/24
 SCALE: 1/4" = 1'
 DRAWN: R. BREDELOW
 COVER SHEET

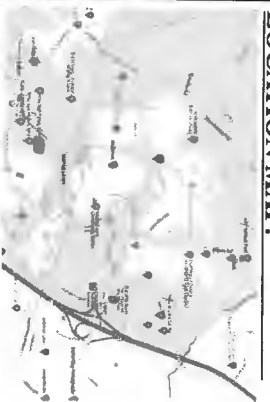
SHEET NO. C.S.

PARKER
 DESIGN • BUILD • REMODEL

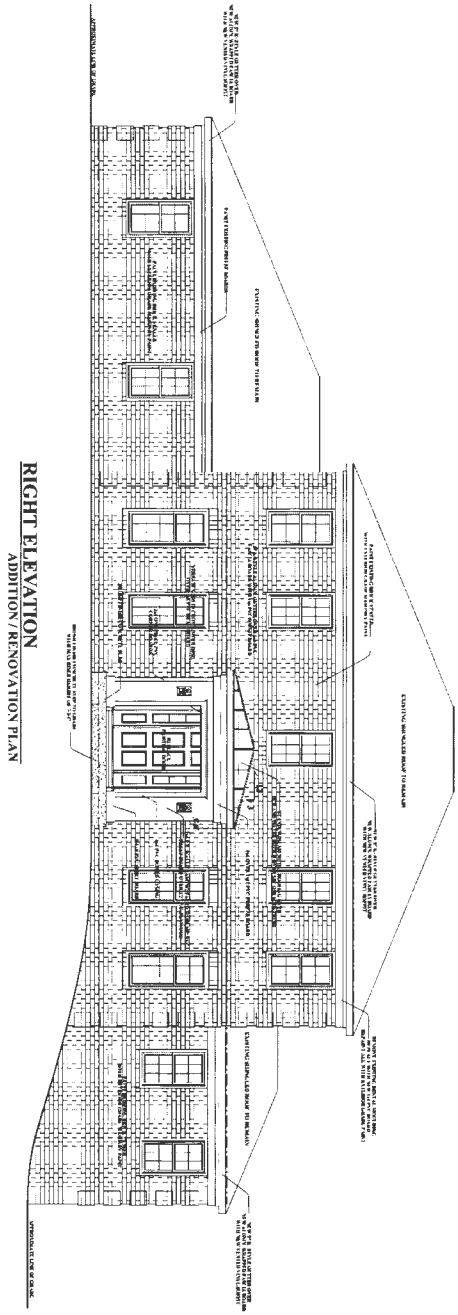
SHOBE RESIDENCE
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 7500 FLAMEWOOD DR.
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REVIEWED FOR CODE COMPLIANCE
 DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 BY: DEBBIE WHALEN
 SUBJECT TO FIELD INSPECTION

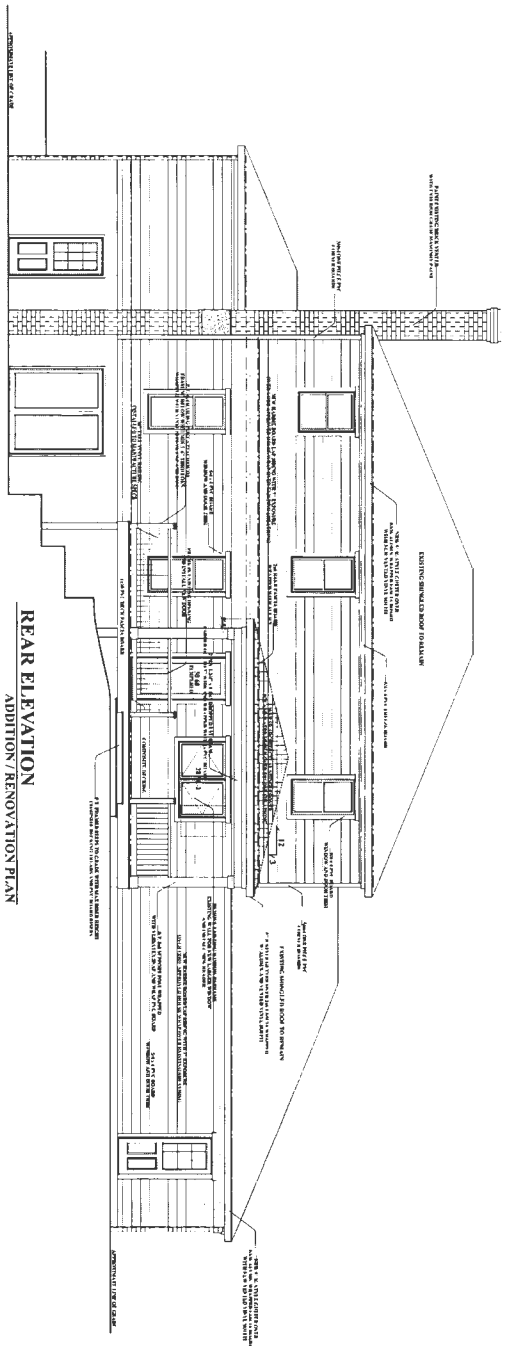
*Approved 8/19
 325000
 2/18/2025
 RBK*



LOCATION MAP:



RIGHT ELEVATION
ADDITION / RENOVATION PLAN



REAR ELEVATION
ADDITION / RENOVATION PLAN

REVISIONS	BY
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3/20/24	RB
4/1/24	RB

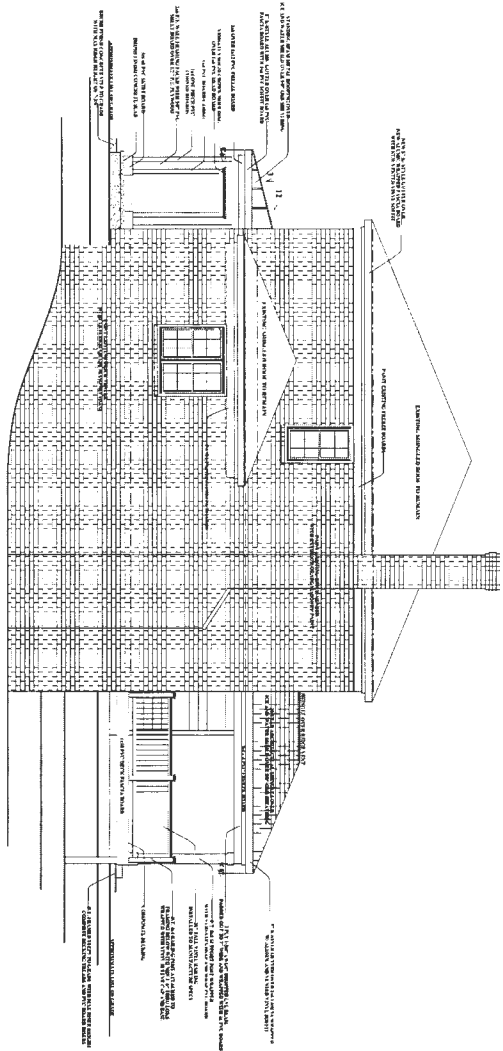

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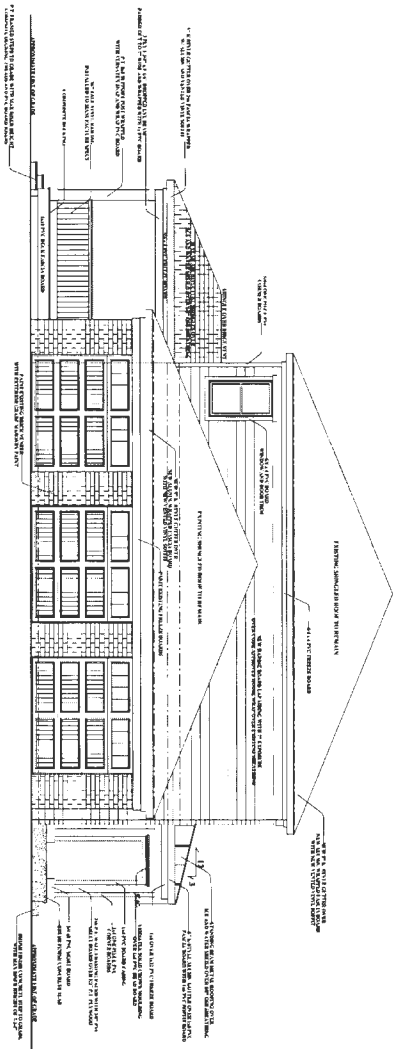
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RB HOME DESIGNS
DATE : 4/1/24
SCALE: 1/4" = 1'
DRAWN : R. BREIDLOW
FRONT / REAR ELEVATIONS
SHEET NO.

A-1



RIGHT ELEVATION
ADDITION / RENOVATION PLAN



RIGHT ELEVATION
ADDITION / RENOVATION PLAN

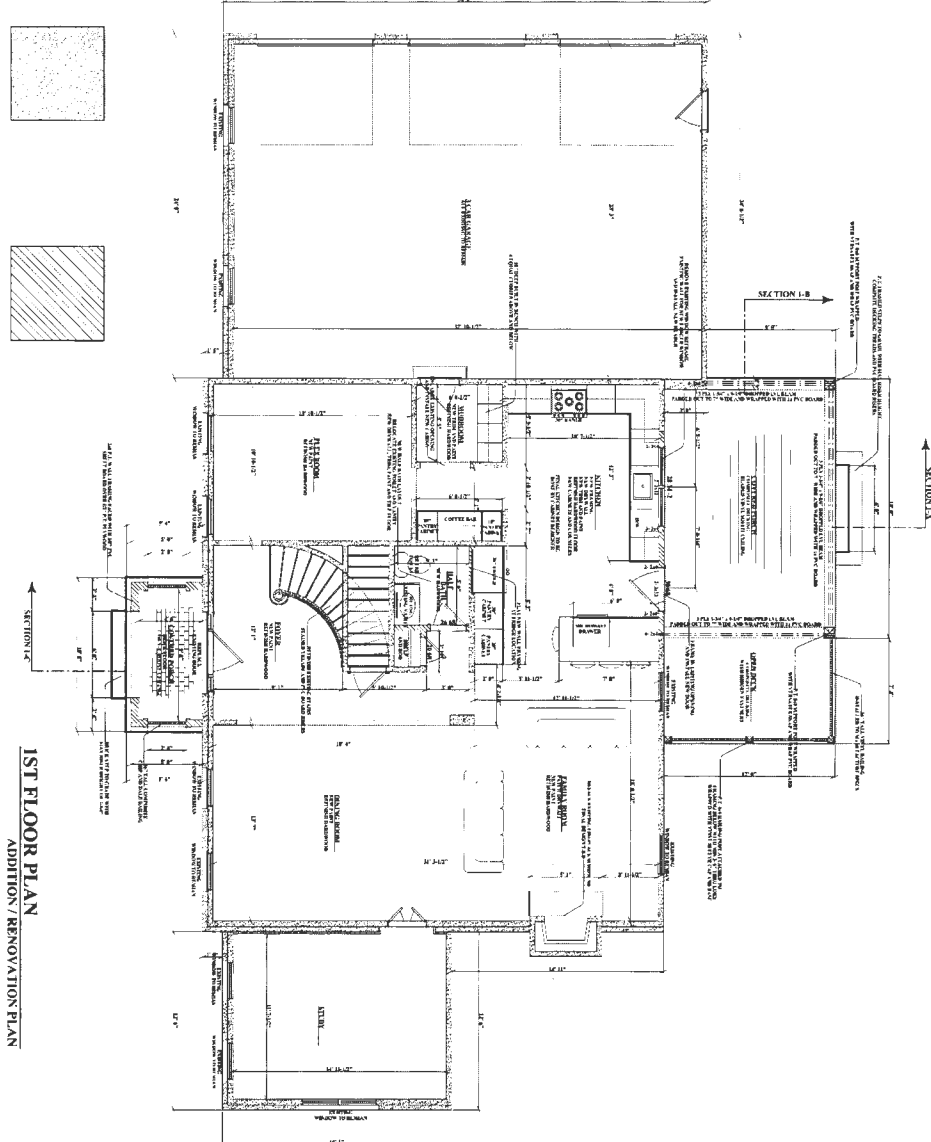
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4/1/24	RB


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RB HOME DESIGNS
 DATE : 4/1/24
 SCALE : 1/4" = 1'
 DRAWN : R. BREDDOW
 LEFT / RIGHT ELEVATIONS
 SHEET NO. **A-2**



1ST FLOOR PLAN
ADDITION / RENOVATION PLAN

REVISIONS	BY
3/19/24	RB
3/20/24	RB
4/1/24	RB

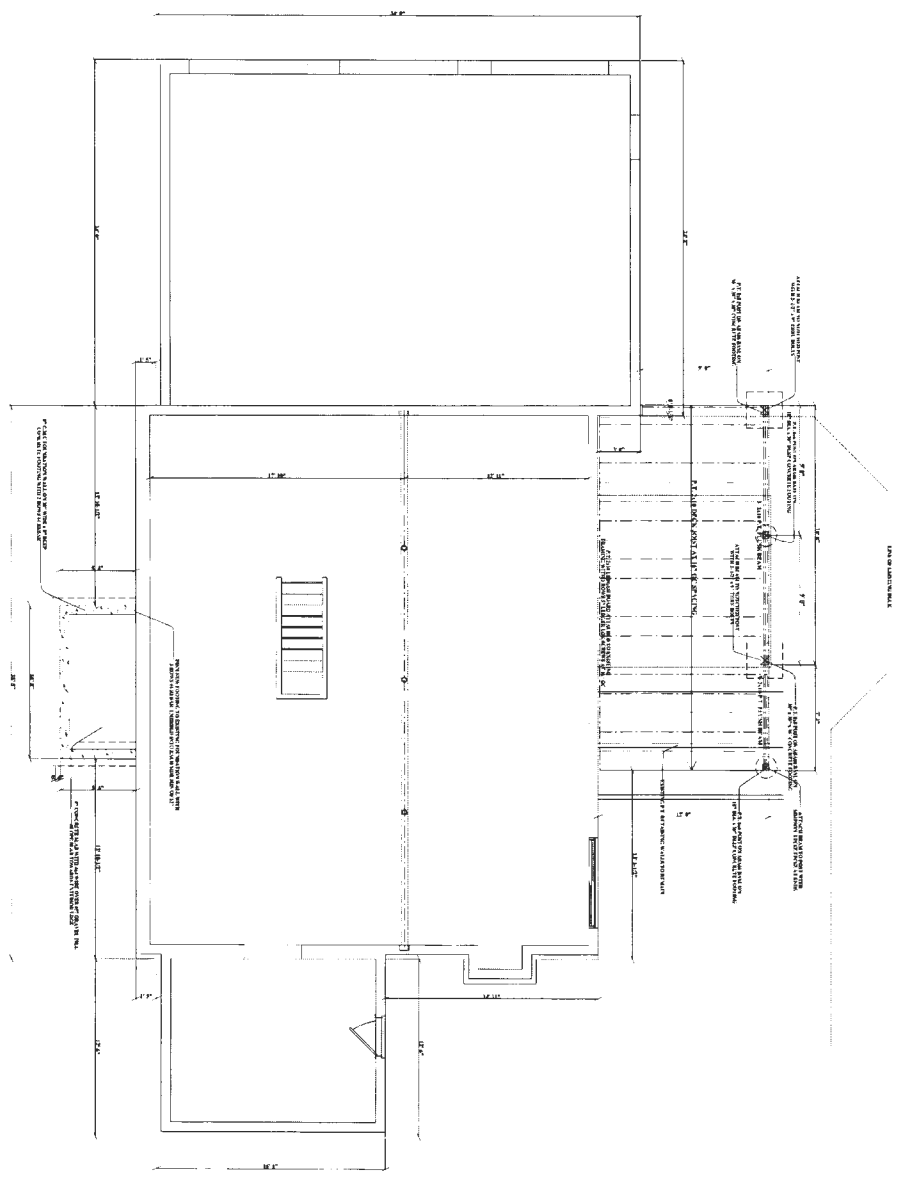

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RB HOME DESIGNS
 DATE : 4/1/24
 SCALE : 1/4" = 1'
 DRAWN : R. BREDDLOW

SHEET NO.
A-3



FOUNDATION PLAN
ADDITION / RENOVATION PLAN

REVISIONS	BY
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3/20/24	RB
4/1/24	RB

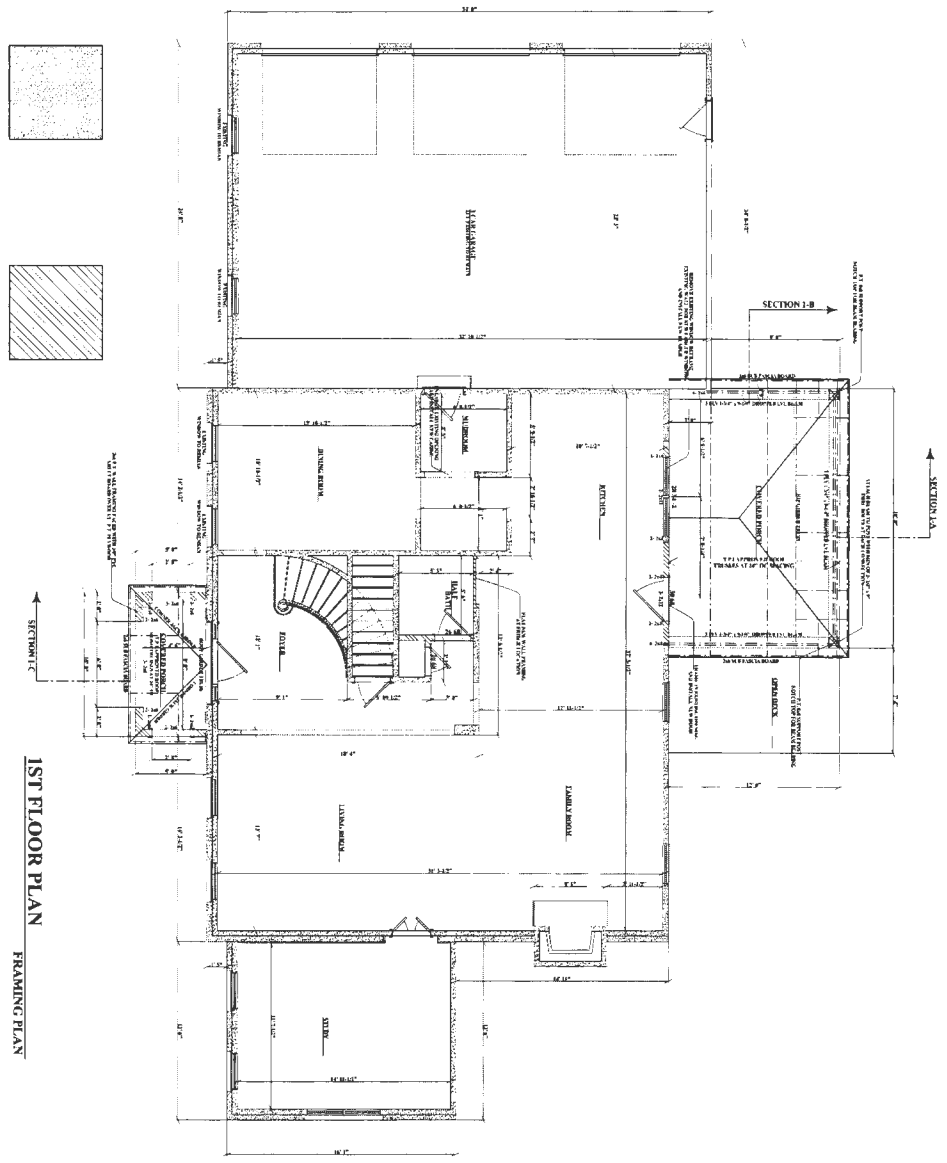

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SHOBE RESIDENCE
 ADDITION / RENOVATION
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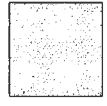
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RB HOME DESIGNS
 DATE: 4/1/24
 SCALE: 1/4" = 1'
 DRAWN: R. BREDDLOW
FOUNDATION PLAN
 SHEET NO.

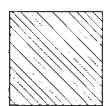
A-4



EXISTING WALL FRAMING

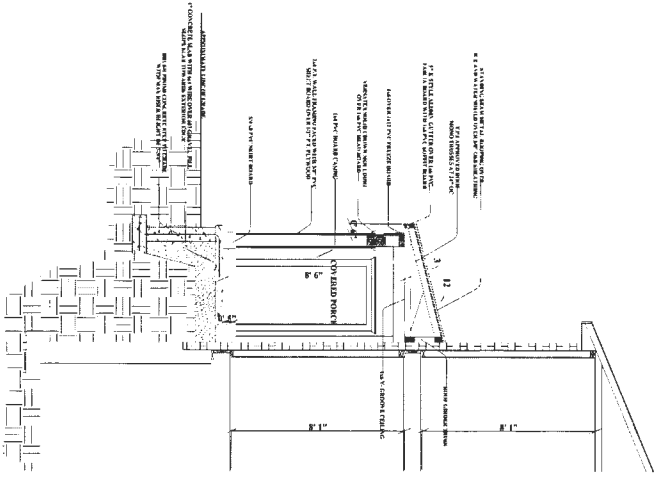


NEW WALL FRAMING



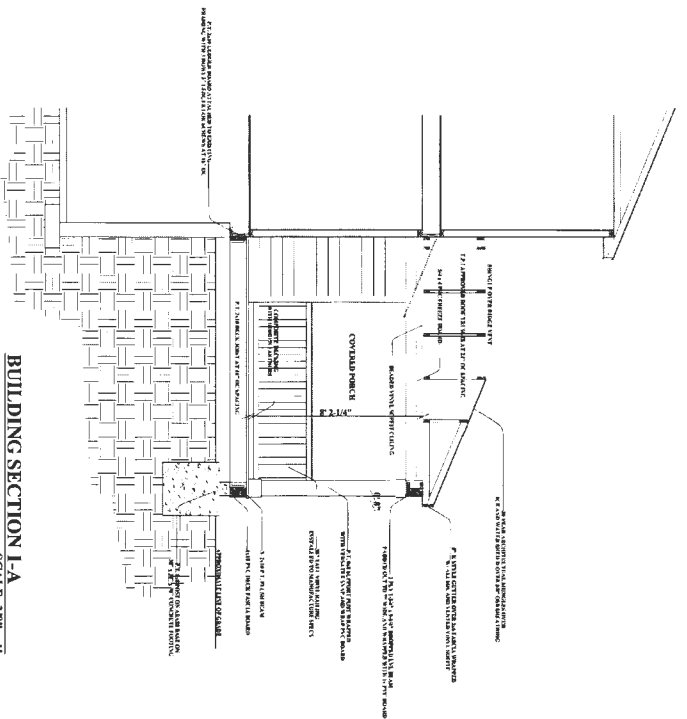
1ST FLOOR PLAN
FRAMING PLAN

REVISIONS BY	3/19/24	RB
	3/20/24	RB
	4/1/24	RB
<p>THE CONTRACTOR IS RESPONSIBLE FOR DIMENSIONS TO BE CONFIRMED AND CORRELATED AT SITE FOR INFORMATION THAT PERTAINS SOLELY TO THE FABRICATION PROCESSES OR TO THE MEANS, METHODS, TECHNIQUES, SEQUENCES, AND PROCEDURES OF CONSTRUCTION OF THE WORK OF ALL TRADES</p>		
<p>SHOBE RESIDENCE ADDITION / RENOVATION 7500 FLAMEWOOD DR. CLARKSVILLE MD 21029</p>		
<p>RB Home Design 2061 D MOUNT HOREB RD STREET MD 21154 REMOVEDESIGN@HOTMAIL.COM 443-613-5115</p>		
<p>RR HOME DESIGNS DATE: 4/1/24 SCALE: 1/4" = 1' DRAWN: R. BREDDLOW</p>		
<p>FRAMING PLAN SHEET NO. A-5</p>		



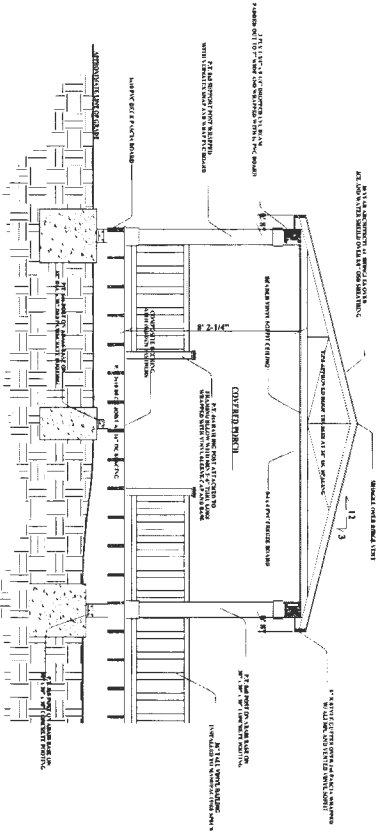
BUILDING SECTION I-C

SCALE: 3/8" = 1'



BUILDING SECTION I-A

SCALE: 3/8" = 1'



BUILDING SECTION I-B

SCALE: 3/8" = 1'

REVISIONS	BY
3/19/24	RB
3/20/24	RB
4/1/24	RB

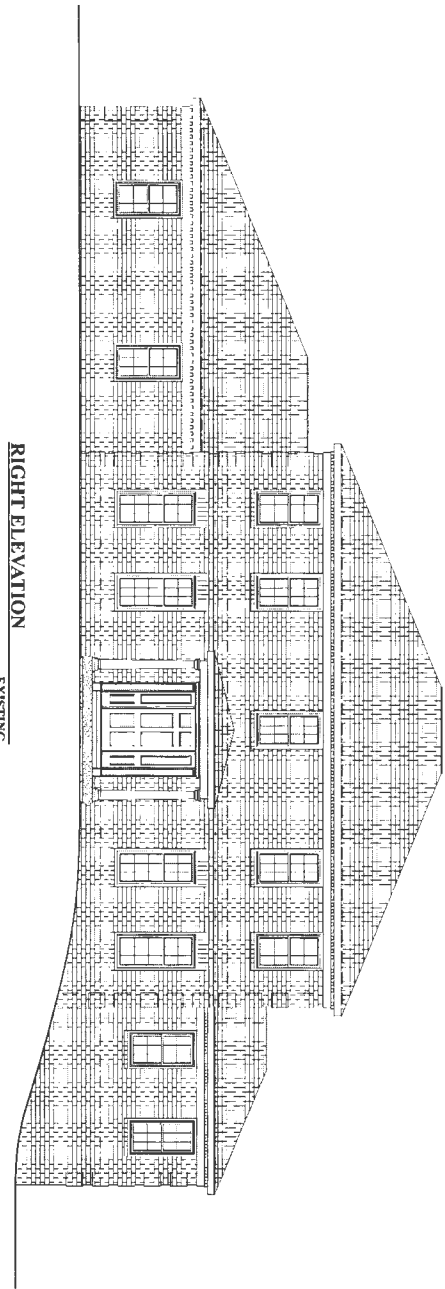

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SHOBE RESIDENCE
ADDITION / RENOVATION
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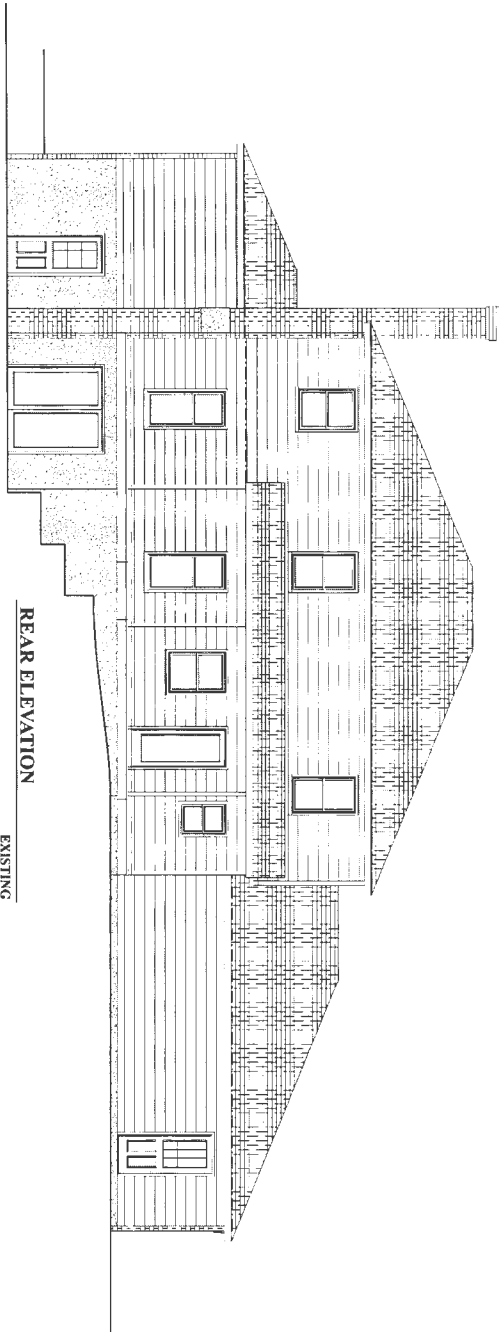
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 DATE: 4/1/24
 SCALE: 1/4" = 1'
 DRAWN: R. BREIDLOW
BUILDING SECTIONS
 SHEET NO.

A-6



RIGHT ELEVATION
EXISTING



REAR ELEVATION
EXISTING

REVISIONS BY
3/19/24 RB

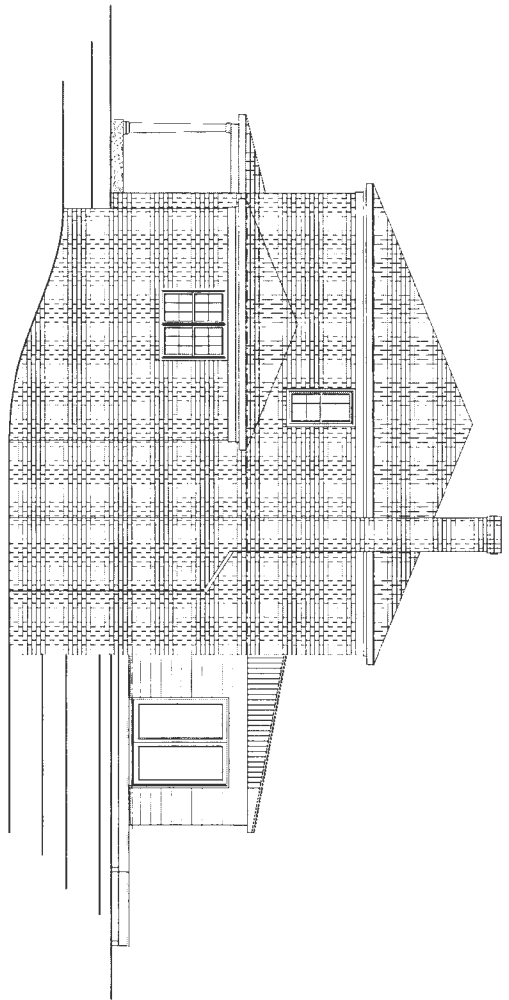
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CLARKSVILLE MD 21029

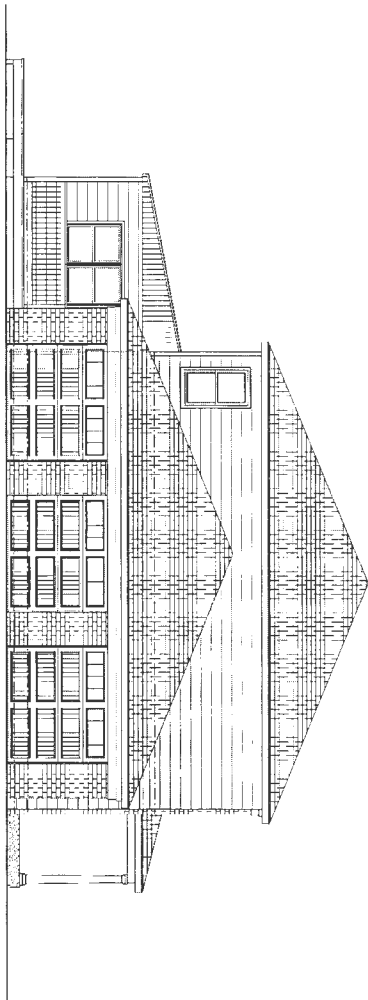
THE CONTRACTOR IS
RESPONSIBLE FOR DIMENSIONS
TO BE CONFIRMED AND CORRELATED
AT SITE FOR INFORMATION THAT
PERTAINS SOLELY TO THE FABRICATION
PROCESSES OR TO THE MEANS,
METHODS, TECHNIQUES, SEQUENCES,
AND PROCEDURES OF CONSTRUCTION
OF THE WORK OF ALL TRADES

RB HOME DESIGNS
DATE : 3/19/24
SCALE : 1/4" = 1'
DRAWN :
R. BREDDLOW
EXISTING
ELEVATIONS
SHEET NO.

A-7



RIGHT ELEVATION
EXISTING



RIGHT ELEVATION
EXISTING

REVISIONS BY	
3/19/24	RB

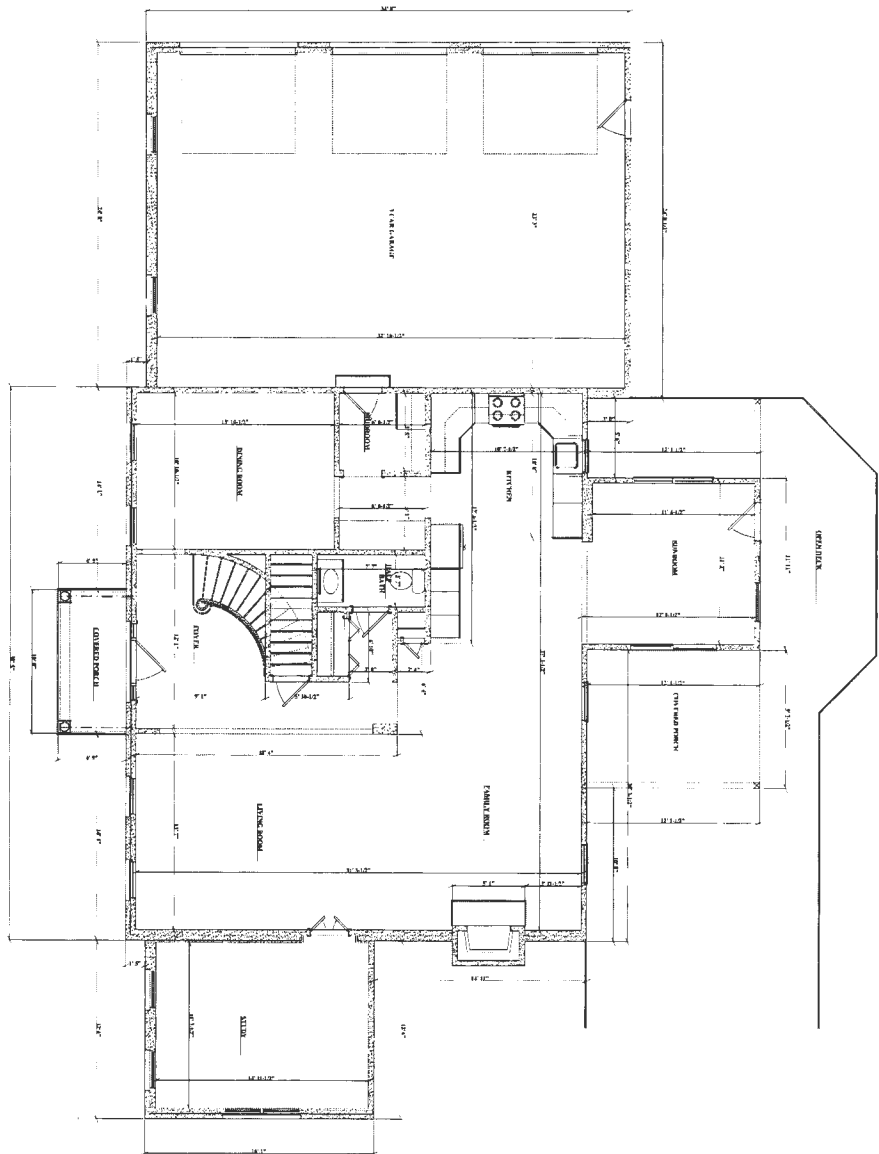

RB Home Design
 2061 D MOUNT HOREB RD STREET MD 21154
 RBHOMEDSIGN@HOTMAIL.COM
 443-613-5115

SHOBE RESIDENCE
 ADDITION / RENOVATION
 7500 FLAMEWOOD DR.
 CLARKSVILLE MD 21029

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RB HOME DESIGNS
 DATE: 3/19/24
 SCALE: 1/4" = 1'
 DRAWN: R. BREDELOW

SHEET NO.
A-8



1ST FLOOR PLAN
EXISTING PLAN

REVISIONS	BY
3/19/24	RB


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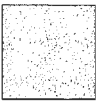
THE CONTRACTOR IS RESPONSIBLE FOR DIMENSIONS TO BE CONFIRMED AND CORRELATED AT SITE FOR INFORMATION THAT PERTAINS SOLELY TO THE FABRICATION PROCESSES OR TO THE MEANS, METHODS, TECHNIQUES, SEQUENCES, AND PROCEDURES OF CONSTRUCTION OF THE WORK OF ALL TRADES.

RB HOME DESIGNS
 DATE : 3/19/24
 SCALE : 1/4" = 1'
 DRAWN : R. BREDDLOW
 EXISTING FLOOR PLAN
 SHEET NO.

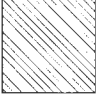
A-9

ELECTRICAL SYMBOL LEGEND

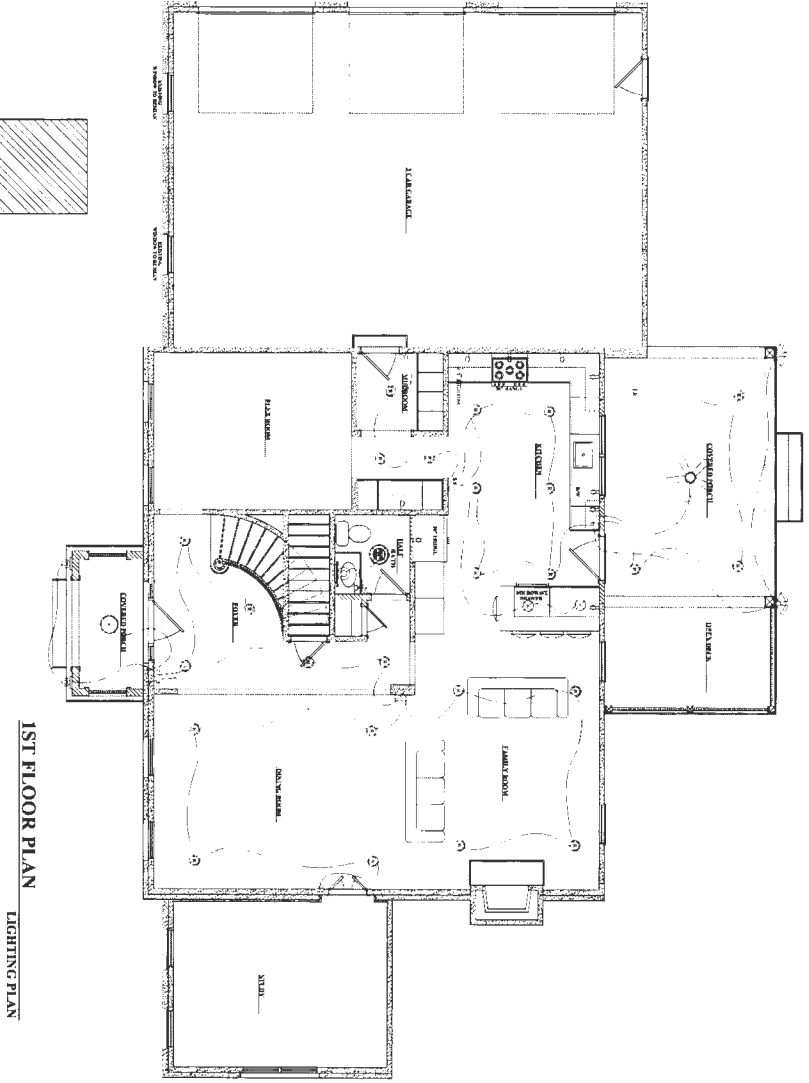
SYMBOL	DESCRIPTION
(Symbol)	SYSTEMS LIGHT IN A
(Symbol)	RECESSED LIGHT
(Symbol)	2" TUBULAR RECESSED LIGHT
(Symbol)	RECESSED PENDANT LIGHT
(Symbol)	TRUSS PENDANT LIGHT
(Symbol)	TRUSS LIGHT
(Symbol)	EXHAUST FAN
(Symbol)	LIGHT FIXTURE IN CROWN
(Symbol)	CEILING FAN LIGHT FIXTURE
(Symbol)	EXTERIOR FLUORESCENT LIGHT
(Symbol)	WALL SWITCH
(Symbol)	2" x 4" FLUORESCENT LIGHT
(Symbol)	CONCEALED
(Symbol)	NON-FUNCTIONAL LIGHT
(Symbol)	INDICATING SWITCH
(Symbol)	NON-VOLTA



EXISTING WALL FRAMING



NEW WALL FRAMING



1ST FLOOR PLAN
LIGHTING PLAN

REVISIONS	BY
3/19/24	RB
3/20/24	RB
4/1/24	RB

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RB HOME DESIGNS
 DATE : 4/1/24
 SCALE : 1/4" = 1'
 DRAWN : R. BREEDLOW
 LIGHTING PLAN

SHEET NO.
L-1