Approved
[Handwritten initials] 10/23/24

Online BP.
ZS 10/11/24

Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Case #
EH-PLANS-24-0
Type
EnvHealth/Environmental Health/Plan Check/Application
Status
In Review
Opened Date
10/08/2024
_Single Entry Edit-View Record Form
Application Name
B24003747
Description
SFD/ Removing existing deck and constructing a new 16' X 16' deck WITH steps

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

☐	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
☐	◉	4983		Morning...	DR	Dayton	MD	21036				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

☐	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

☐	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
☐	◉	Carl Hirrlinger	4983 Morning Star Dr.			Dayton	MD	21036	410-707-8295	US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type *
Applicant
Primary
Yes
First Name *
Lori
Middle Name

Last Name *
Rose
Home Phone ((xxx)xxx-xxxx)

Organization Name *
Professional Deck Care
Mobile Phone ((XXX).XXX-XXXX)
(443) 514-5180
E-mail
prodeckcare@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
Due Date
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

FACILITY INFORMATION

Name of Business (dba) *
(Text)
Does this project have a Building Permit?
○ Yes ○ No
Associated Building Permit Number
(Text)
Building Permit Issued Date
Owner Switch Date
☐ **Non-Profit**
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 Well? If Yes, forward to WS Program.
○ Yes ○ No
Does the project include Private Septic? If Yes, foward to WS Program.
○ Yes ○ No
Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No
Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No
Facility Phone
(Text)
Facility Fax
(Text)
Facility Email
(Text)
Days of Operation
(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
(Number)
Total number of open space lots to be recorded
(Number)
Total number of bulk parcels to be recorded
(Number)
Total number of lots / parcels to be recorded
(Number)
New buildable lots created
(Number)
Date PLAT signed by Health Officer
PLAT Type
--Select--

DEVELOPMENT PLANS

Property Type
--Select--

Plan Version
--Select--

Signature Required
○ Yes ○ No

Engineer
(Text)

Number of paper copies
(Number)

Number of mylar copes
(Number)

Number of buildable lots created
(Number)

Number of non-buildable lots created
(Number)

Total Number of Lots
(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

Fulll 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)

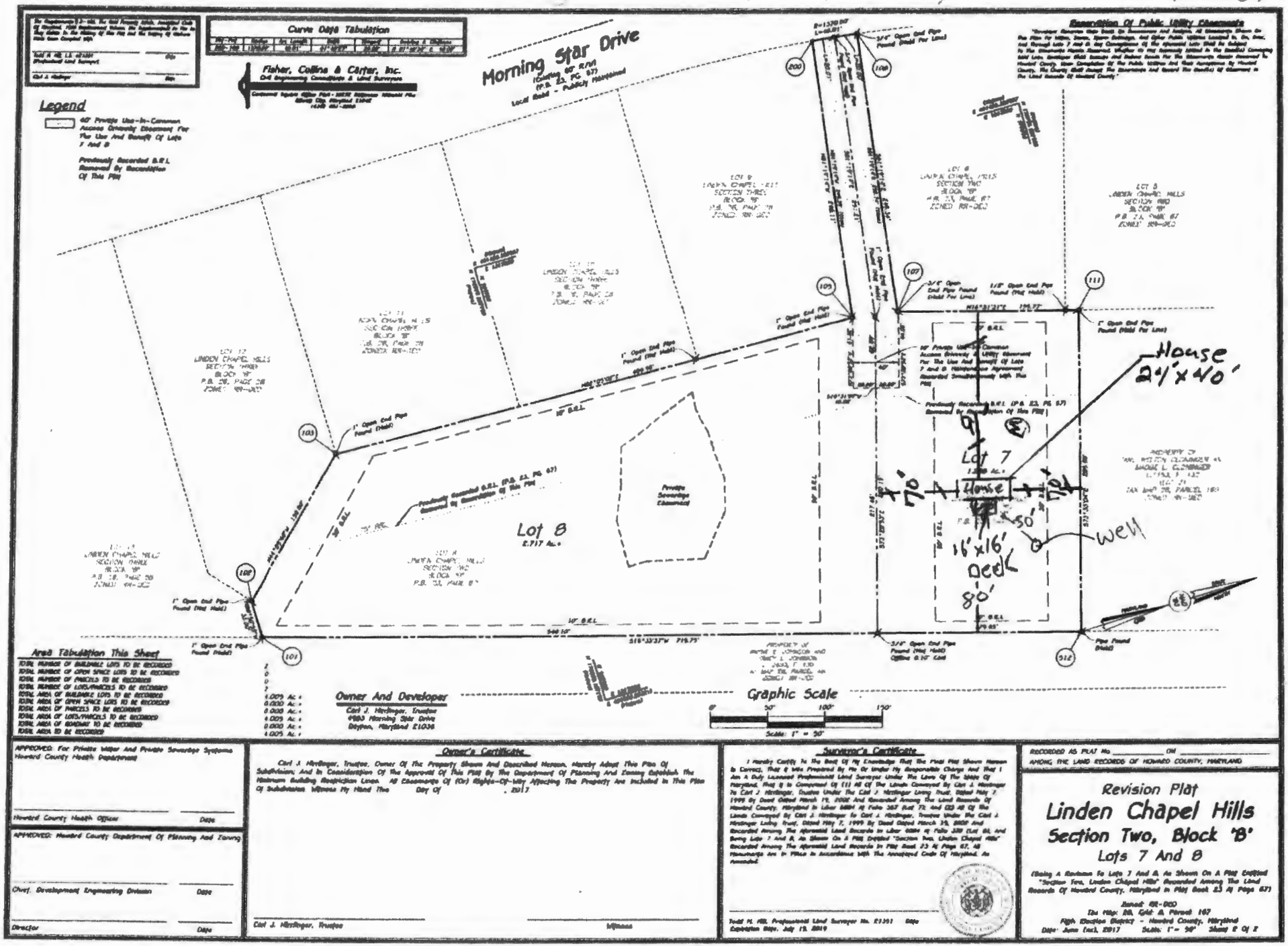
Is there a grease interceptor or grease trap?
--Select--

REFUSE AND RECYCLABLES

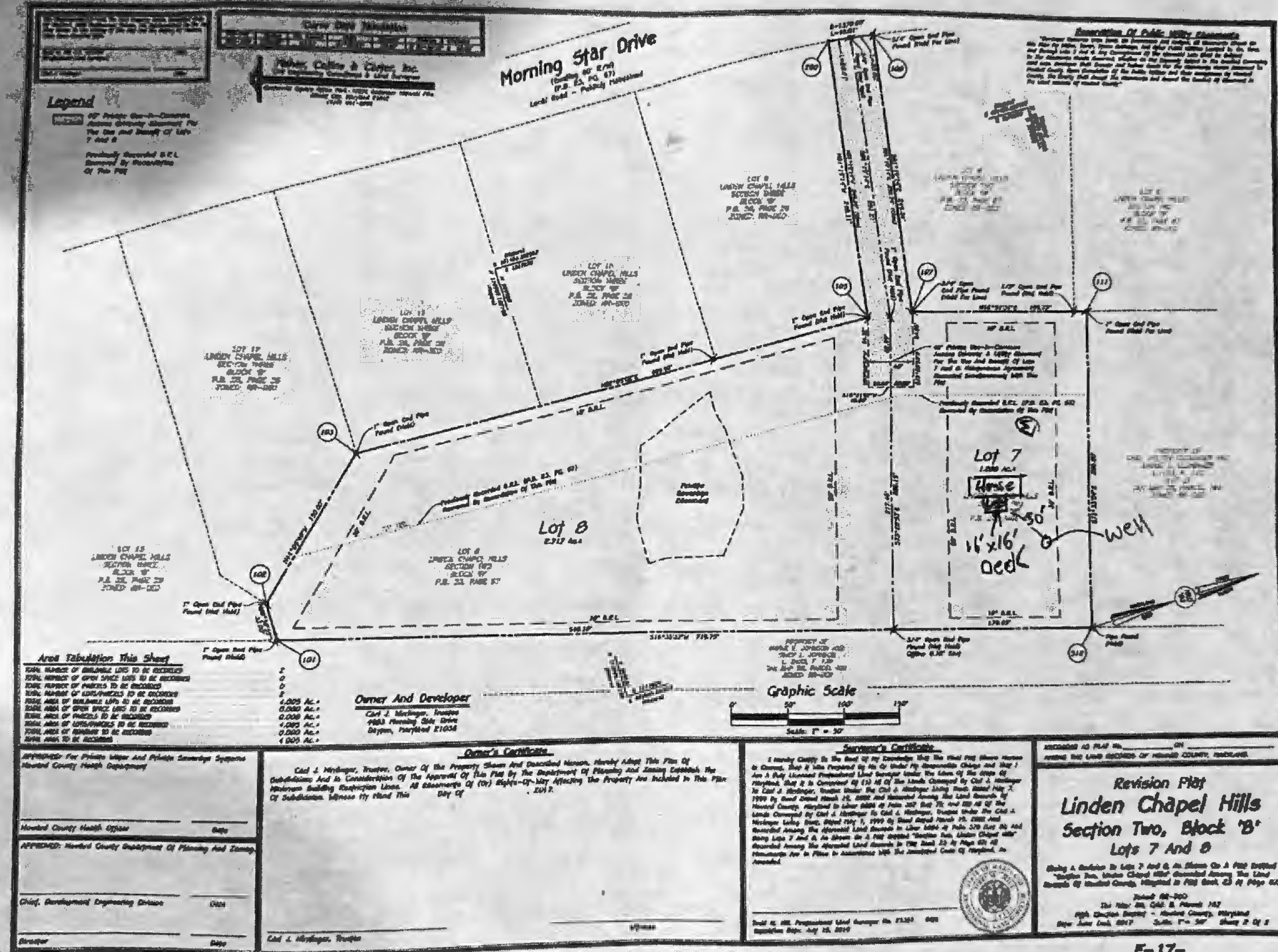
Dumpsters Located on a impervious surface?
--Select--

Will there be a grease receptacle?
--Select--

4983 Morningstar Drive, Dayton MD Permit # B24003747



F-17-


Legend
Morning Star Drive
Lot 7
House
16'x16'
deck
50'
well
Lot 8
Area Tabulation This Sheet
Owner And Developer
Graphic Scale
Owner's Certificate
Surveyor's Certificate
Revision Plat
Linden Chapel Hills
Section Two, Block 'B'
Lots 7 And 8

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