Menu Save Reset Cancel Help

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

Online BP.
gs 10/11/24

**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**
B24003791

**Description**
SFD/ CONSTRUCT 12'x18' SCREENED PORCH, 21'x18' OPEN DECK, LANDING, AND STAIRS, APPROXIMATELY 525 SQFT

**Total Invoiced**
0.00

**Total Paid**
0.00

**Balance**
0.00

**Assigned to Department** Current Department
Well and Septic Progra

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ◉ | 13905 | | Burntwoods | RD | Glenelg | MD | 21737 | | | | |

**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/Rec |
|---|---|---|---|---|---|---|---|---|---|
| ◉ | Barbara Humphrey | 13905 Burntwoods Rd. | | | Glenelg | MD | 21737 | 443-202-0957 | US |

**Applicant** * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

**Type** *
Applicant

**Primary**
Yes

**First Name** *
Mike

**Middle Name**

**Last Name** *
Naugler

**Home Phone** ((XXX)XXX-XXXX)

**Organization Name** *
Clarksville Construction

**Mobile Phone** ((XXX)XXX-XXXX)
(443) 202-0957

**E-mail**

permitting@clarksvilleconstruction.net
**Business Phone** ((xxx)xxx-xxxx)

**Preferred Channel**
--Select--

**Applicant Address**

| New | Look Up | Deactivate | Remove |
|---|---|---|---|

**Custom Fields**

**DATE TRACKING**

**Received Date**
10/8/2024

**Due Date**
10/10/2024

**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**
10/8/2024

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**FACILITY INFORMATION**

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

**Does this project have a Building Permit?**
○ Yes ○ No

**Associated Building Permit Number**
0 (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**
0 (Text)

**Facility Fax**
0 (Text)

**Facility Email**
0 (Text)

**Days of Operation**
0 (Text)

---

**PROPERTY INFORMATION**

**Water Source**
Private

**Sewage Disposal**
Private

**Design Wastewater Flow**
0
(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**

**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 copes**
0
(Number)

**Number of buildable lots created**
0
(Number)

**Number of non-buildable lots created**
0
(Number)

**Total Number of Lots**

**Associated Plans**

0
(Number)

**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--

**WAREWASHING DISHWASHING**

**Dishwashing Method**
--Select--

**HACCP**

**Plan Review Response Letter Received**
○ Yes ○ No

**Date HACCP Approved by the State**

**Date HACCP Plan Submitted**

**HACCP Plan Approved**

**HACCP Plan Review**

**Plan Review Letter Mailed**

B24003791 (12'x18' Screened Porch & 2'x18' Open Deck w/ landing) Approved 10/15/24 -H.D.

SCALE: 1" = 60'