Menu Save Reset Cancel Help

Approved TMC 9/13/2024

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

**Case #**
EH-PLANS-24-0
**Type**
EnvHealth/Environmental Health/Plan Check/Application
**Status**
In Review
**Opened Date**
08/30/2024
_Single Entry Edit-View Record Form
**Application Name**
B24003244
**Description**
SFD/Install approx. 216 LF. of 7' tall vinyl privacy fence transitioning to approx. 32 LF of 6' vinyl privacy - no gate

**Total Invoiced**
0.00
**Total Paid**
0.00
**Balance**
0.00

Online BP. gs 9/3/24

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ◉ | 17512 | | Timberl... | WAY | Wood... | MD | 21797 | | | | |

**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/Regic |
|---|---|---|---|---|---|---|---|---|---|
| ◉ | John Nagengast | 17512 Timberleigh Way | | | Woodbine | MD | 21797 | 443-472-2690 | US |

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

Search As Owner As Lic. Prof As Contact

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

**Last Name** *
Barth
**Home Phone** ((XXX)XXX-XXXX)

**Organization Name** *
Chedapeake Permits
**Mobile Phone** (XXX XXX-XXXX)
(443) 623-1994
**E-mail**
mandm0003@hotmail.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**
8/30/2024

**Due Date**
9/16/2024

**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**
8/30/2024

**FACILITY INFORMATION**

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

**Facility Fax**
0 (Text)

**Facility Email**
0 (Text)

**Days of Operation**
0 (Text)

**PROPERTY INFORMATION**

**Water Source**
Public

**Sewage Disposal**
Public

**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**
0
(Number)

**Associated Plans**
0

---

**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--

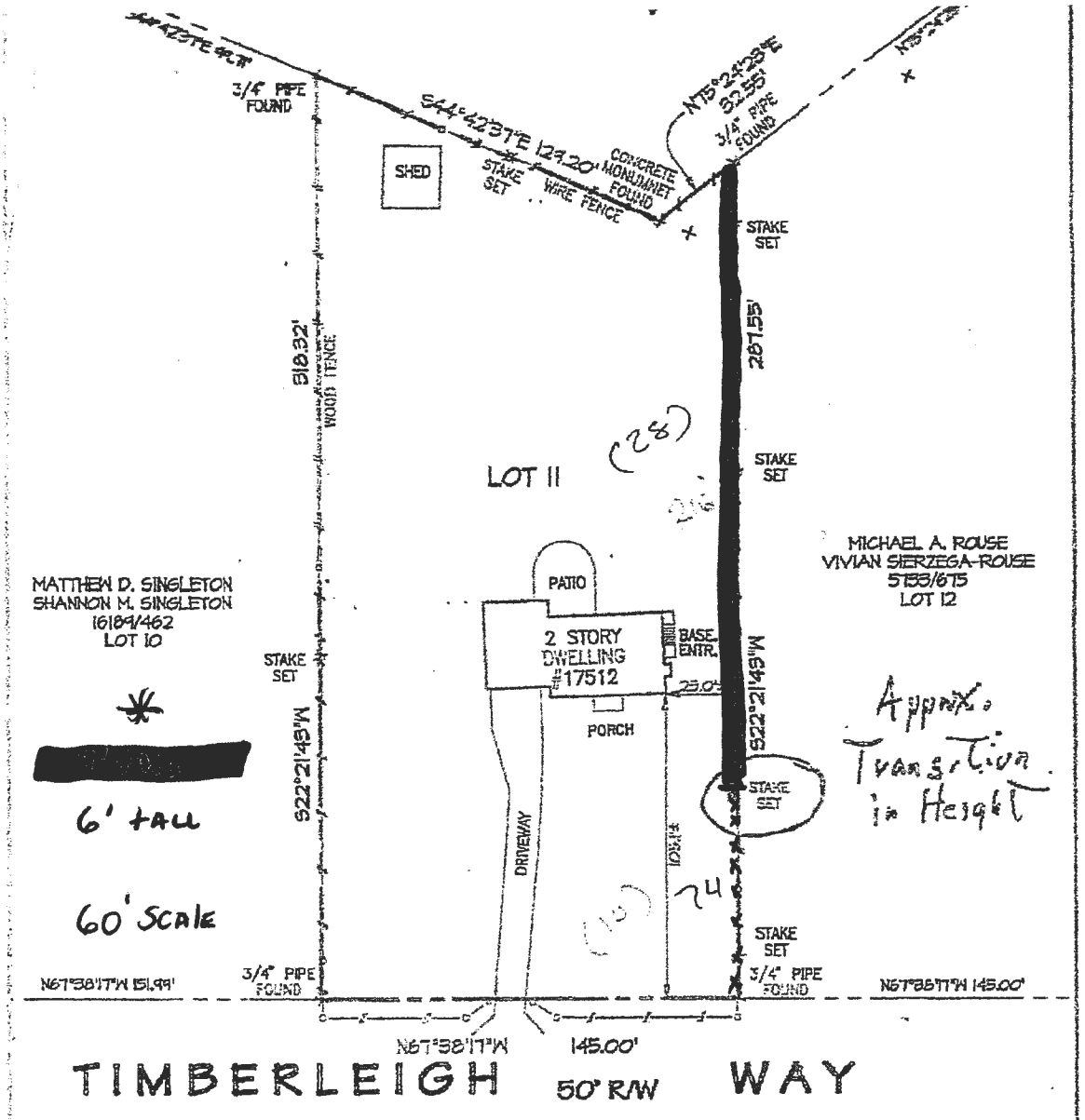
---

**REFUSE AND RECYCLABLES**

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

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

---




## SURVEYORS CERTIFICATE

THIS SURVEY HAS BEEN PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND. MY LICENSE EXPIRES ON 2-12-2025.

5-11-24

BRIAN R. DIETZ
PROFESSIONAL LAND SURVEYOR NO. 21080

1. BEING LOT 11, BLOCK B PLAT OF TIMBERLEIGH VILLAGE PLAT LIBER 25, FOLIO 81
2. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.


Dietz Surveying, Inc.
LAND SURVEYING AND LAND PLANNING
8119 Oakleigh Road
Baltimore, MD. 21234
Ph 410-661-3160
Fax 410-661-3163


# BOUNDARY SURVEY
of
17512 TIMBERLEIGH WAY
HOWARD COUNTY, MD.

| DRAWN: BRD | FIELD: JMD | DATE: 5-11-2024 | JOB NO. 24119 | SCALE: 1"=50' |
|---|---|---|---|---|

J. Nagengast Plat