Menu Save Reset Cancel Help

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

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
07/08/2026

Online BP. gb 7/9/26

_Single Entry Edit-View Record Form

Application Name
B26002290

Description
SFD/INSTALL 8' DEER FENCE, WITH 2 X 4 X 96 HIGH WOVEN WIRE 12.5 GAUGE. INSTALL (1) 10 ' WIDE DOUBLE GATE

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Program

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
◉	16491		Frederick	RD	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
◉	BLACKEYED SUSAN PROPERTIES LLC	327 East Ridgeville Blvd.			Mt. Airy	MD	21771	

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Approved Septic System Plan
Howard County Health Department
DBernard 8-17-26
Signature Date
8-17-26

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

Full Name
BLACKEYED SU

First Name *
Susan
Middle Name

Last Name *
Ricketts
Organization Name *
BLACKEYED SUSAN PROPERTIES LLC
Mobile Phone ((XXX)XXX-XXXX)
(410) 302-8075
Home Phone ((XXX)XXX-XXXX)

E-mail
SUSAN@BLACKEYEDSUSANPROPERTIES.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
7/6/2026

Due Date
7/20/2026

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
7/6/2026

FACILITY INFORMATION

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

DEVELOPMENT PLANS

Property Type: Residential
Plan Version: Initial
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: 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
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

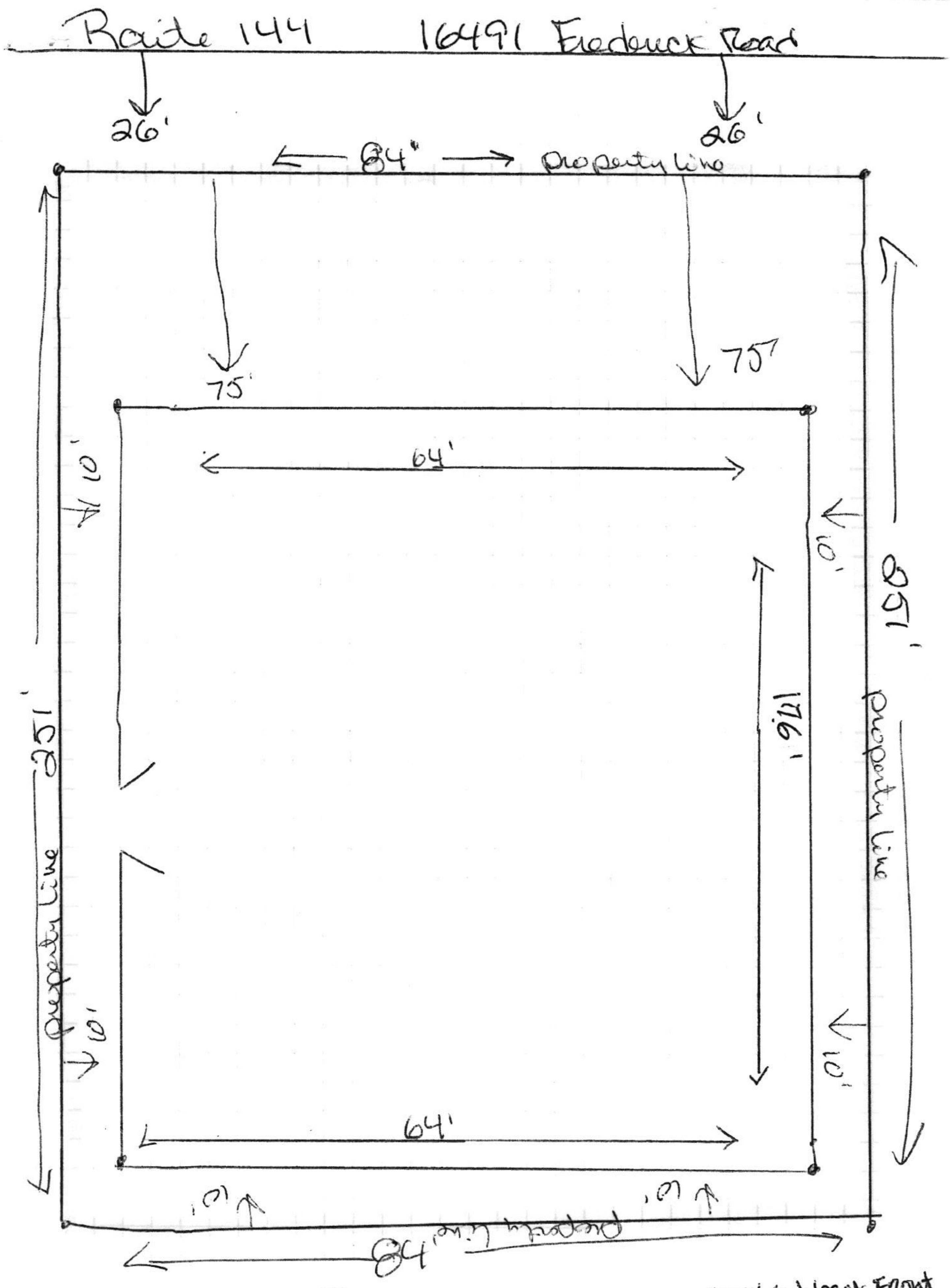
Evaluated non NSF, ANSI, CF or other standards ○ Yes ○ No
Description of Refrigeration Units
Number of Walk-In Refrigerator Units: (Number)
Description of Walk-In Freezer Units: (Text)
Is there a bulk ice machine available ○ Yes ○ No
Space Limitation
Number of Hand Sinks Available: (Number)
Hood System: (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--



Fence 8' Deer Fence
8' Double gate facing 16495 Frederick Rd

75' set back Front
10' set backs sides