Menu Save Reset Cancel Help

Revision

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

Case #
EH-PLANS-26-0
Type
EnvHealth/Environmental Health/Plan Check/Application
Status
In Review
Opened Date
07/27/2026
_Single Entry Edit-View Record Form
Application Name
B26002435
Description
SFD/ RENOVATE EXISTING BASEMENT WALK UP STAIRS**SUBJECT TO FIELD INSPECTION**

New plot plan OK. BP approved.
gd 8/10/26

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
☐ ◉	5925		Clifton...	DR	Clar...	MD	21029				

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	/
☐ ◉	KennedyDele	5817 Zoe Lane			Frederick	MD	21704		US	

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type *
Applicant
Primary
Yes
Full Name
KennedyDele

First Name *
Kennedy
Middle Name

Last Name *
Dele
Organization Name *
n/a
Mobile Phone ((XXX)XXX-XXXX)
(240) 460-2233
Home Phone ((XXX)XXX-XXXX)

E-mail
niyi@orbital-consulting.net
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
8/7/2026

Due Date
8/21/2026

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
7/31/2026

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
0 (Text)

Facility Fax
0 (Text)

Facility Email
0 (Text)

Days of Operation
0 (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
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--

Date Preliminary Plan Signed by HO

☐ Extension Granted

DEVELOPMENT PLANS

Property Type
Residential

Plan Version
Revision

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

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

Hood System

ORBITAL CONSULTING LLC
5917 ZOE LANE,
FREDERICK, MD 21704
(T) 240 460 2233
@ MYNORBITAL-CONSULTING.NET

ISSUED
REVISIONS

ADDITION, ALTERATION AND INTERIOR RENOVATION
5925 CLIFTON OAKS DRIVE,
CLARKSVILLE, MD 21029

DRAWN
CHECKED
SCALE
PROJECT NO.
SHEET TITLE
FIRST FLOOR PLAN
SHEET
A002

LOT 27

CLIFTON OAKS DRIVE
(50' R/W)

SITE PLAN
SCALE 1" = 50'-0"