Approved 8/4/26 - H.O.

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
08/03/2026

Online BP. gd 8/3/26

_Single Entry Edit-View Record Form

Application Name
B26002553

Description
SFD/INTERIOR ALTERATIONS TO UNFINISHED BASEMENT SPACE TO CREATE FINISHED REC ROOM, (1) FINISHED 14' X14' STORAGE ROOM, WET BAR, SITTING ROOM, THEATER ROOM, (1) 14' X 14' UNFINISHED STORAGE ROOM, CREATE WALL FOR EXISITING GYM**SUBJECT TO FIELD INSPECTION**

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
◉	14905		Meriwether	DR	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/Regic
◉	Yehonatan Palmor	14905 Meriwether Dr.			Glenelg	MD	21737		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

Full Name

First Name *
Chris
Middle Name
Last Name *
Berarducci
Organization Name *
Berarducci Builders Inc.
Mobile Phone ((xxx)xxx-xxxx)
(443) 797-9409
Home Phone ((xxx)xxx-xxxx)
E-mail
CFUCO1@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
7/30/2026
Due Date
8/12/2026
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
7/30/2026

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: Initial
Signature Required: ○ Yes ○ No
Engineer: 0 (Text)
Number of paper copies: 0 (Number)
Number of mylar copes: 00 (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
Full 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

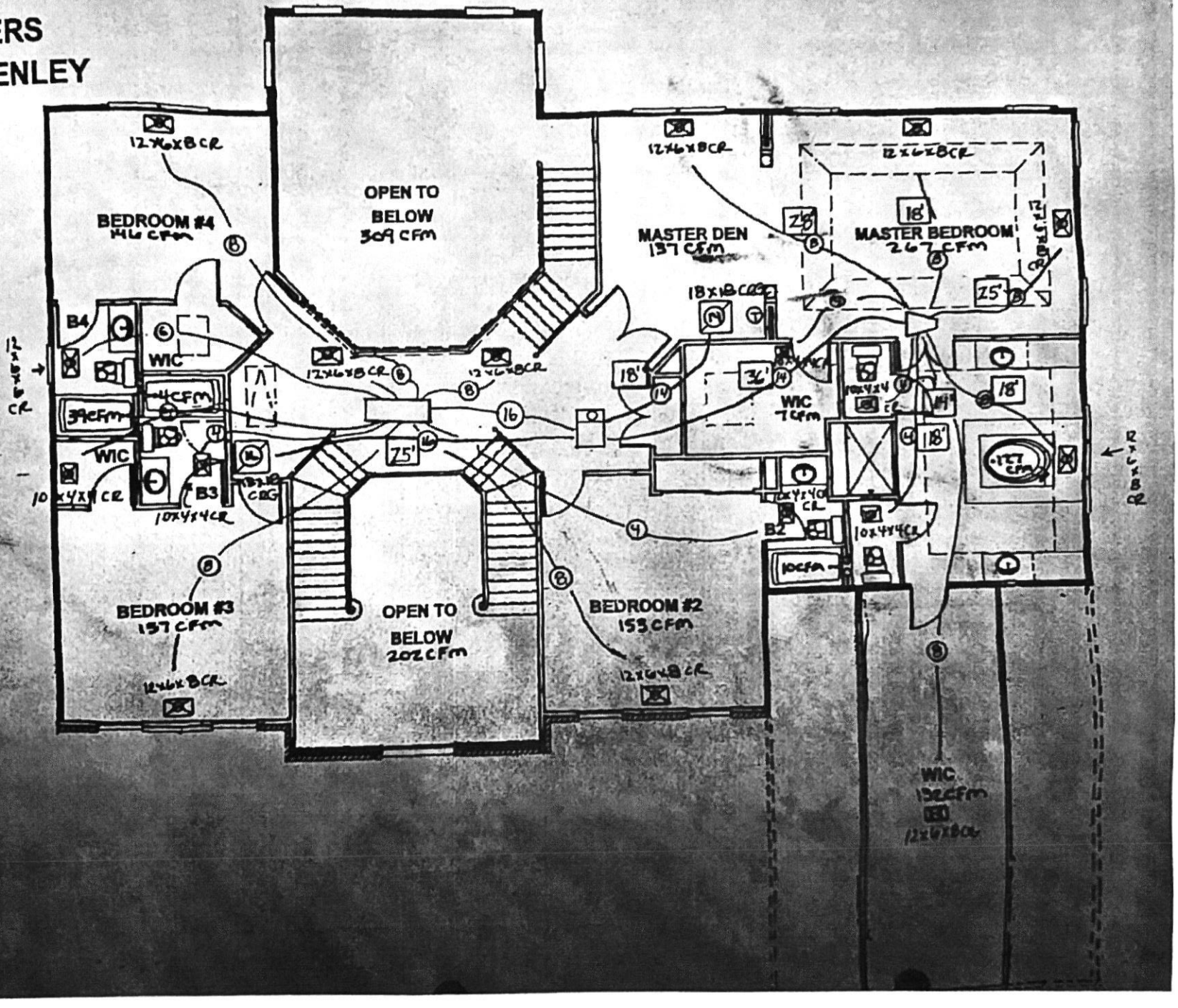
Evaluated non NSF, ANSI, CF or other standards ○ Yes ○ No
Description of Refrigeration Units
Number of Walk-In Refrigerator Units (Number)
Description of Walk-In Freezer Units (Text)
Is there a bulk ice machine available ○ Yes ○ No
Space Limitation
Number of Hand Sinks Available
Hood System

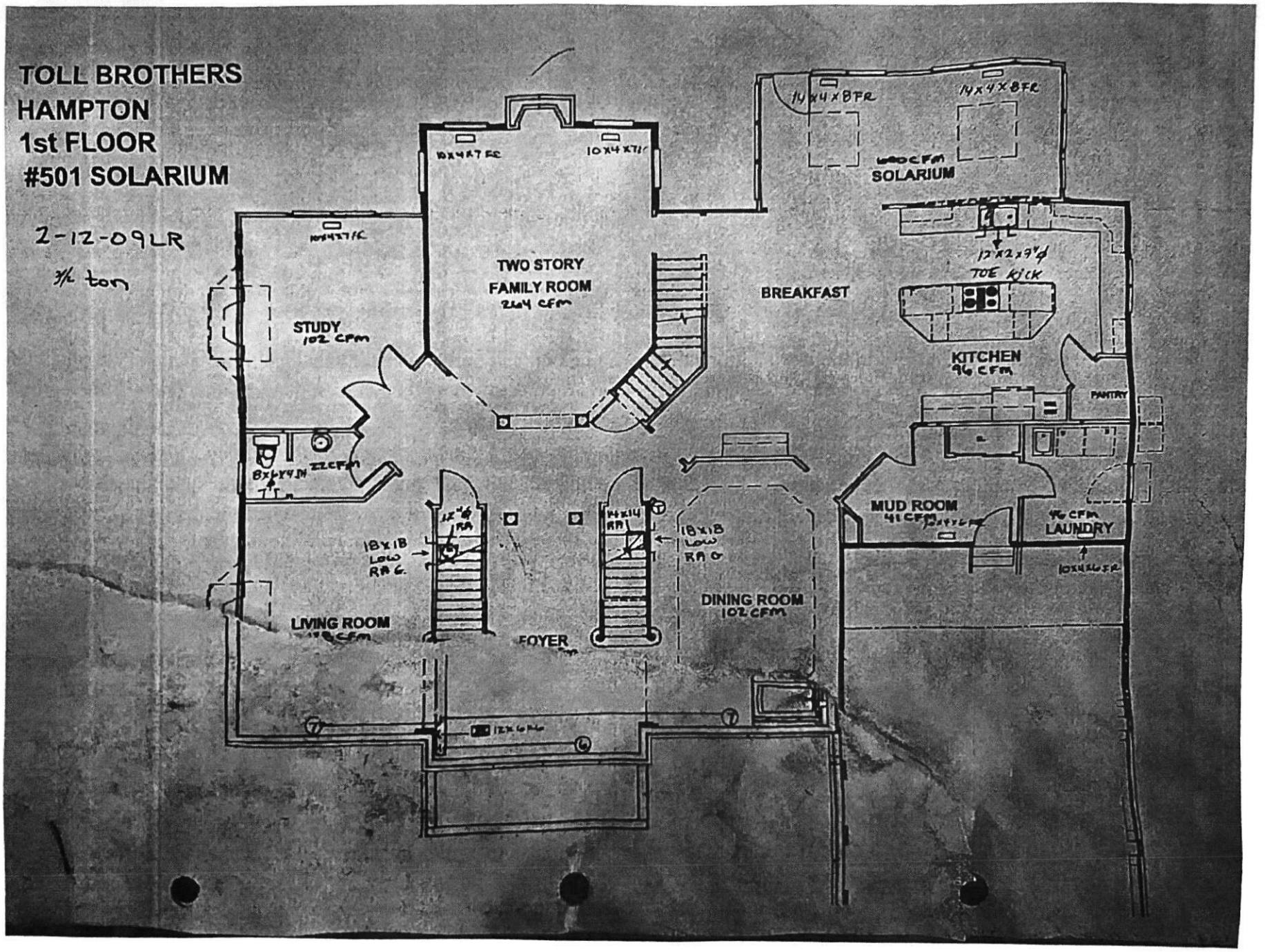
TOLL BROTHERS
HAMPTON / HENLEY
2nd FLOOR

2-12-09 LR

3½ Ton

04-05-12 SU/AH

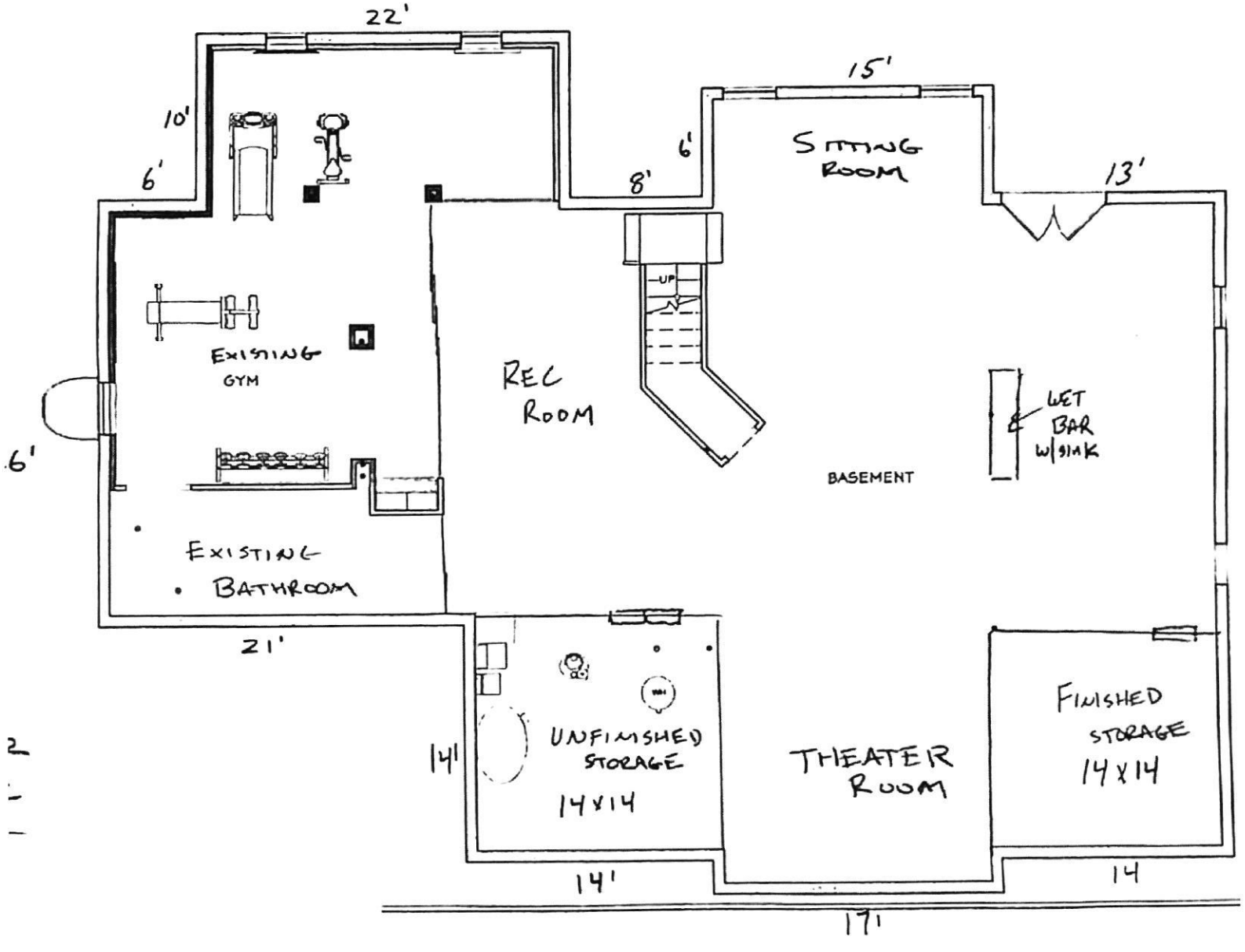


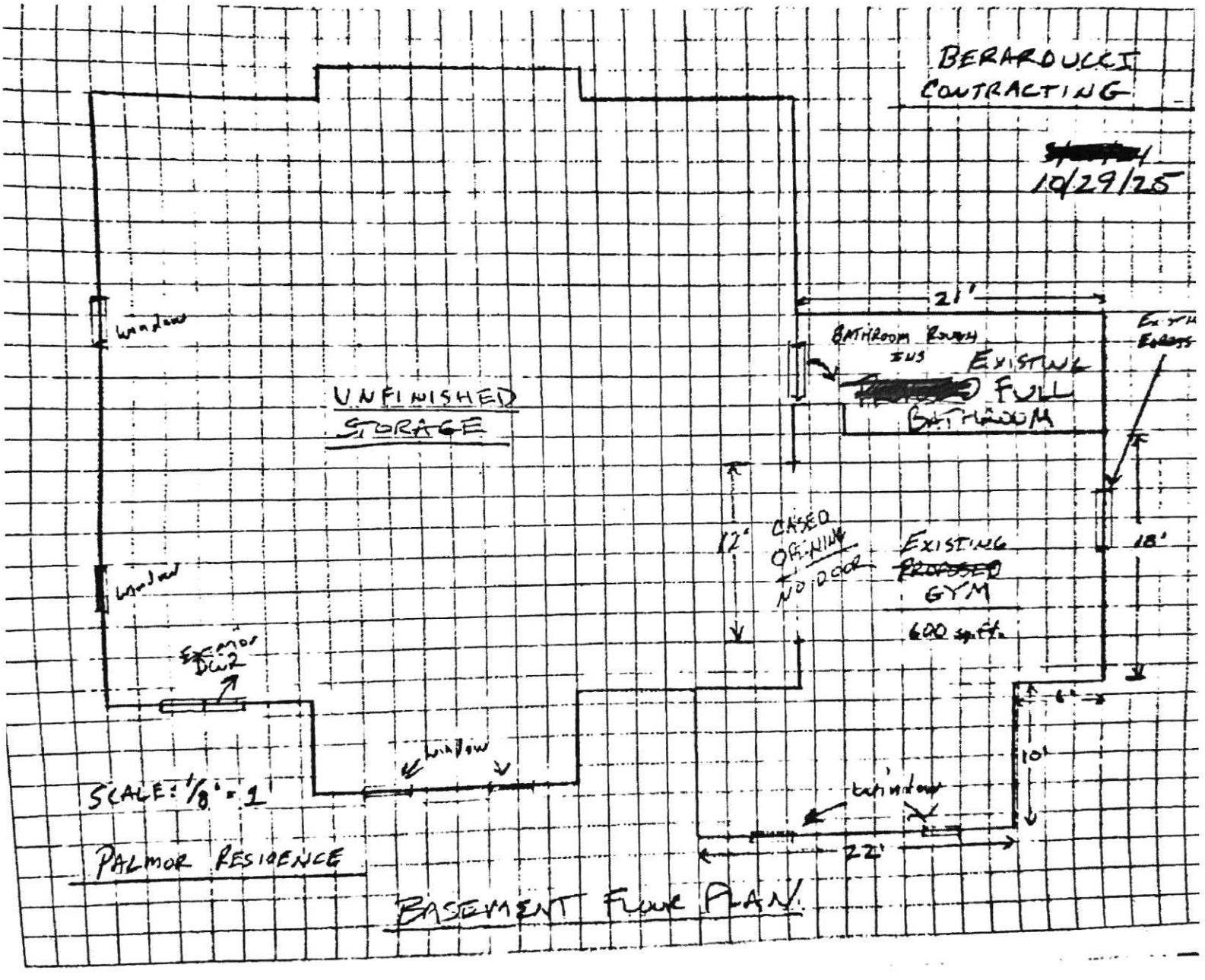

TOLL BROTHERS
HAMPTON
1st FLOOR
#501 SOLARIUM
2-12-09LR
3½ ton
TWO STORY
FAMILY ROOM
264 CFM
STUDY
102 CFM
BREAKFAST
14x4x8FR
14x4x8FR
600CFM
SOLARIUM
12x2x9"ø
TOE KICK
KITCHEN
96 CFM
PANTRY
MUD ROOM
41 CFM
LAUNDRY
10x4x6FR
DINING ROOM
102 CFM
FOYER
LIVING ROOM
18x18
LOW
RAG.
14x14
RA
12x6 RG

7/21/26

& BERARDUCCI COMM

SCALE: 1/8" = 1'





EXISTING BASEMENT