Approved 7/13/26 -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

Online BP. gs 7/9/26

Opened Date
07/08/2026

_Single Entry Edit-View Record Form

Application Name
B26002240

Description
SFD/Remove existing deck. Existing screened room will stay. Remove and replace to exact same footprint of existing deck. Dig new footers to be code compliant. Decking to be composite with aluminum rails. Deck will be freestanding.**MAXIMUM JOIST SPAN 14 FT, 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

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
◉	Richard Demmitt	13840 Lakside Drive			Clarksville	MD	21029		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 *

Roger
Middle Name

Last Name *
Ford
Organization Name *
RLF Contractors
Mobile Phone ((XXX)XXX-XXXX)
(443) 670-2270
Home Phone ((XXX)XXX-XXXX)

E-mail
Rlfcontractorsllc@gmail.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
7/2/2026

Due Date
7/17/2026

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
7/2/2026

FACILITY INFORMATION

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

Associated Building Permit Number
(Text)

Owner Switch Date

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 Septic? If Yes, foward to WS Program.
○ Yes ○ No

Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No

Facility Fax
(Text)

Days of Operation
(Text)

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

Building Permit Issued Date

☐ Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.
○ Yes ○ No

Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No

Facility Phone
(Text)

Facility Email
(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

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--

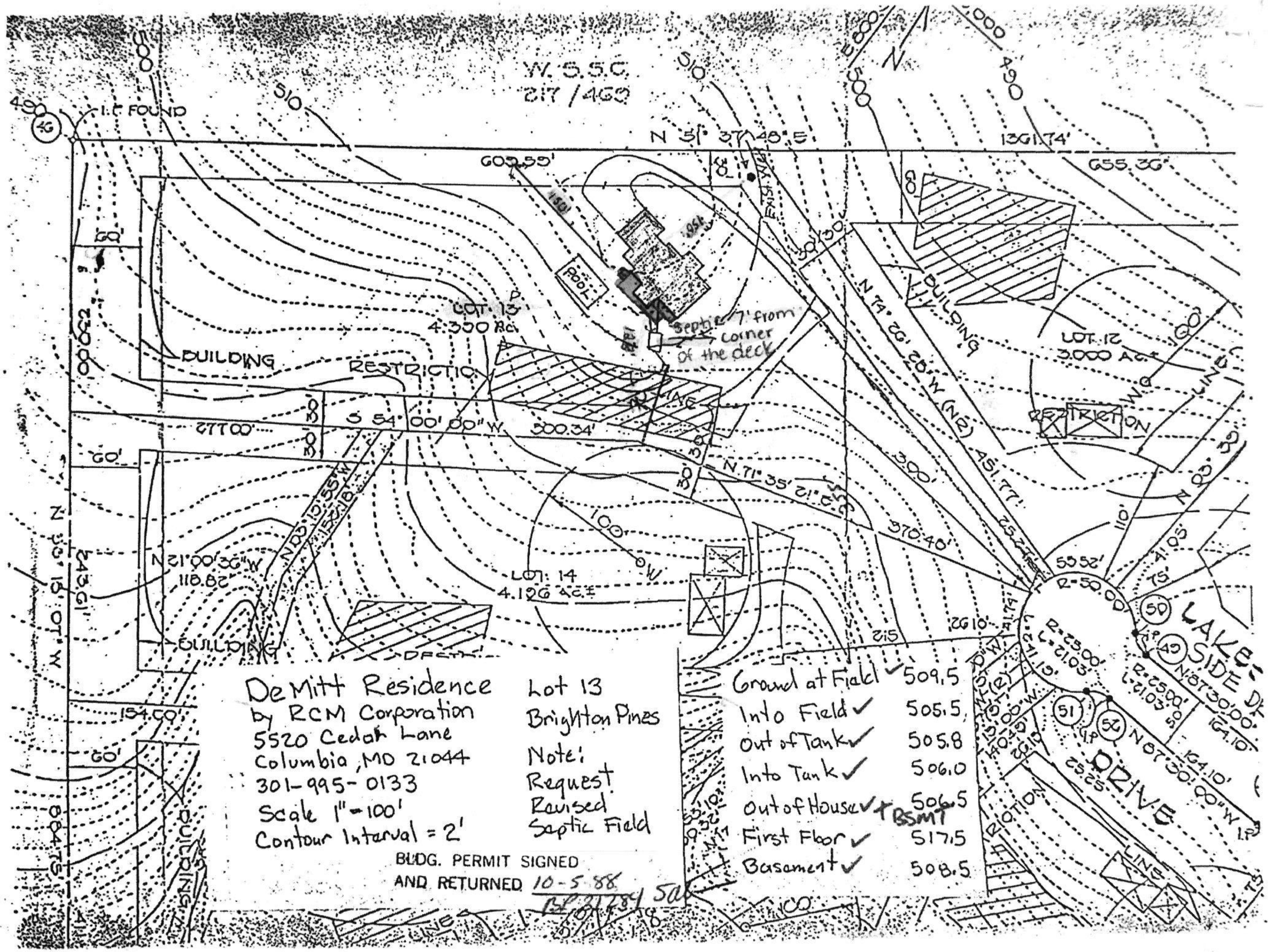
HACCP

Plan Review Response Letter Received
○ Yes ○ No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved


W.S.S.C.
217/469
I.P. FOUND
N 51° 37' 48" E
1361.74'
655.36'
603.59'
LOT 13
4.350 Ac.
POOL
Septic 7' from corner of the deck
BUILDING
RESTRICTION
S 54° 00' 00" W 500.34'
N 74° 26' 20" W (NR) 451.77'
N 71° 35' 21" E
370.40'
LOT 12
3.000 Ac.
LOT 14
4.126 Ac.±
N 21° 00' 36" W
118.82'
N 30° 15' 07" W
243.61'
154.00'
R-50.00'
R-25.00'
L-21.03'
LAKESIDE DR.
DRIVE
N 87° 30' 00" W
164.10'
DeMitt Residence
by RCM Corporation
5520 Cedah Lane
Columbia, MD 21044
301-995-0133
Scale 1"=100'
Contour Interval = 2'
Lot 13
Brighton Pines
Note:
Request
Revised
Septic Field
Ground at Field ✓ 509.5
Into Field ✓ 505.5
Out of Tank ✓ 505.8
Into Tank ✓ 506.0
Out of House ✓ 506.5 + BSMT
First Floor ✓ 517.5
Basement ✓ 508.5
BLDG. PERMIT SIGNED
AND RETURNED 10-5-88