Menu Save Reset Cancel Help

Approved ZSilvast 7/15/26

Online BP. gs 7/13/26

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

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
07/13/2026

_Single Entry Edit-View Record Form

Application Name
B26002384

Description
SFD/ INTERIOR ALTERATIONS ON SECOND FLOOR TO INCLUDE: Primary and Hall bath remodel, APPROXIMATELY 170 SQ FT

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
◉	12909		Vistaview	DR	West...	MD	21794				

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
◉	Amy Gallaher	12909 Vistaview Dr.			West Friendship	MD	21794		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 *
Jaouad
Middle Name
Last Name *
Zouine
Organization Name *
Blackstone Kitchen & Bath LLC
Mobile Phone ((xxx)xxx-xxxx)
(410) 449-1020
Home Phone ((xxx)xxx-xxxx)
E-mail
JOE@BLACKSTONEKITCHENANDBATH.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
7/13/2026
Dates to Complete
14
(Number)
Food Review Type
--Select--
Equipment Specification Sheet
Received by Well and Septic
7/13/2026
Due Date
7/27/2026
Received by Food
Equipment Specification Sheets Submitted
Received by Community Hygiene

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--
Design Wastewater Flow
(Number)
Sewage Disposal
--Select--
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
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 (Number)
Hood System (Text)
Ventless Equipment (Text)

PLUMBING

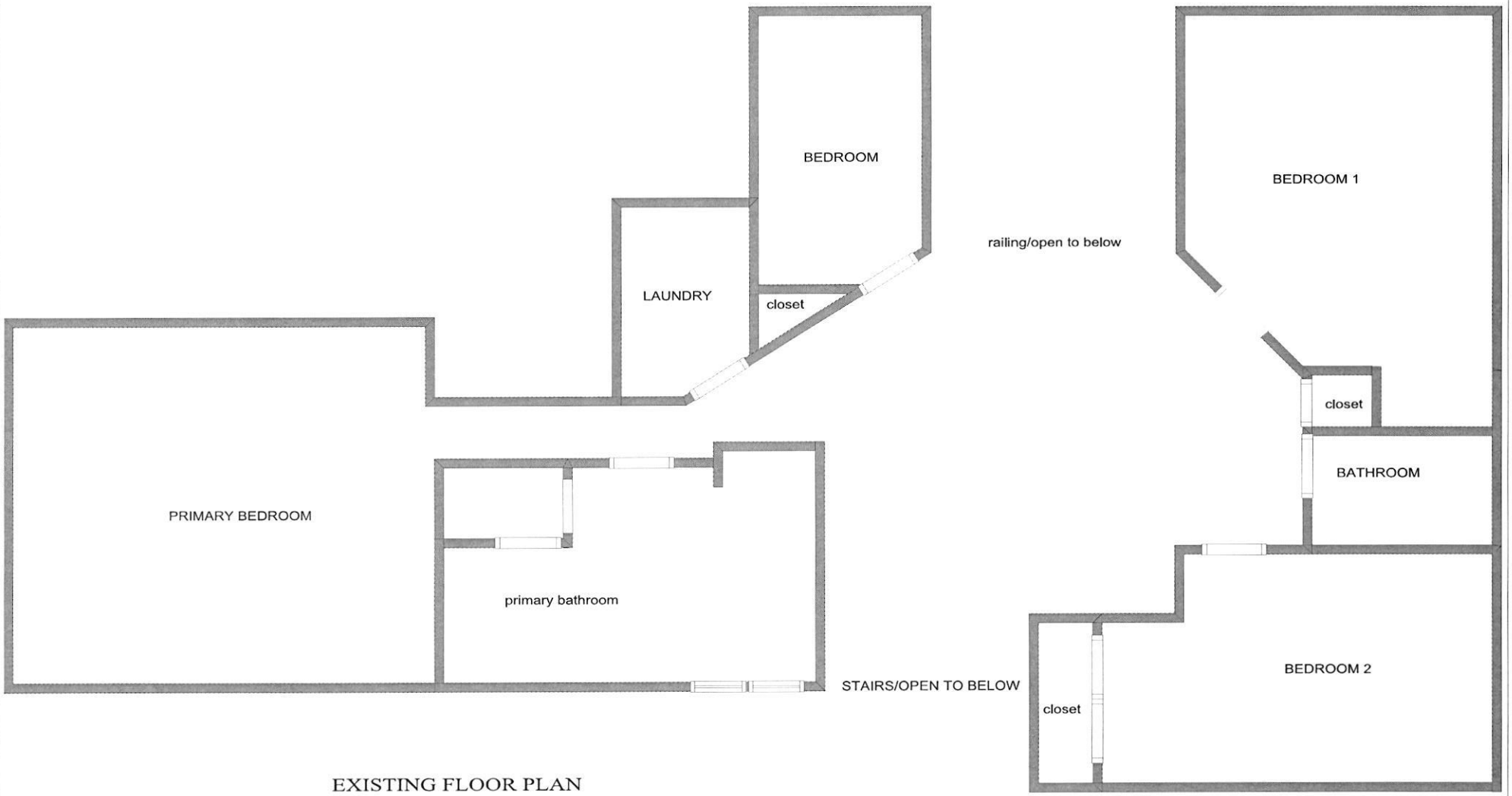
Size and installation of the water heater? (Text)
Is there a grease interceptor or grease trap? --Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? --Select--
Will there be a grease receptacle? --Select--

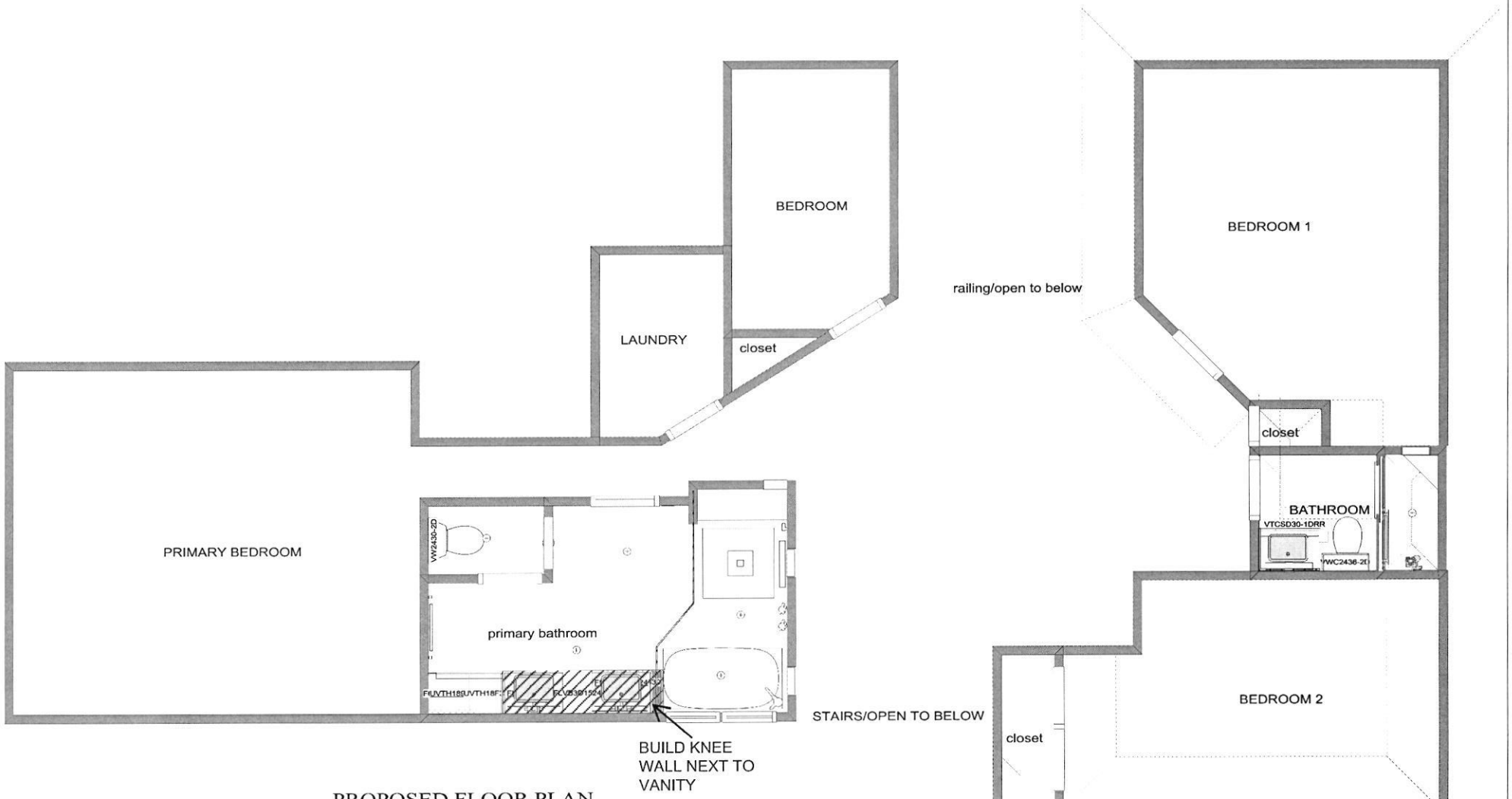
Existing Floor Plan Level 2

All dimensions _size designations given are subject to verification on job site and adjustment to fit job conditions.	Cyncly	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	Designed: 7/8/2026 Printed: 7/10/2026
Gallaher Existing Floor Plan level 2.kit		All (no dims)	Drawing #: 1 | No Scale.



EXISTING FLOOR PLAN
LEVEL 2

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.	Cyncly	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	Designed: 7/8/2026 Printed: 7/10/2026
Gallaher Existing Floor Plan level 2.kit		All (no dims)	Drawing #: 1 | No Scale.



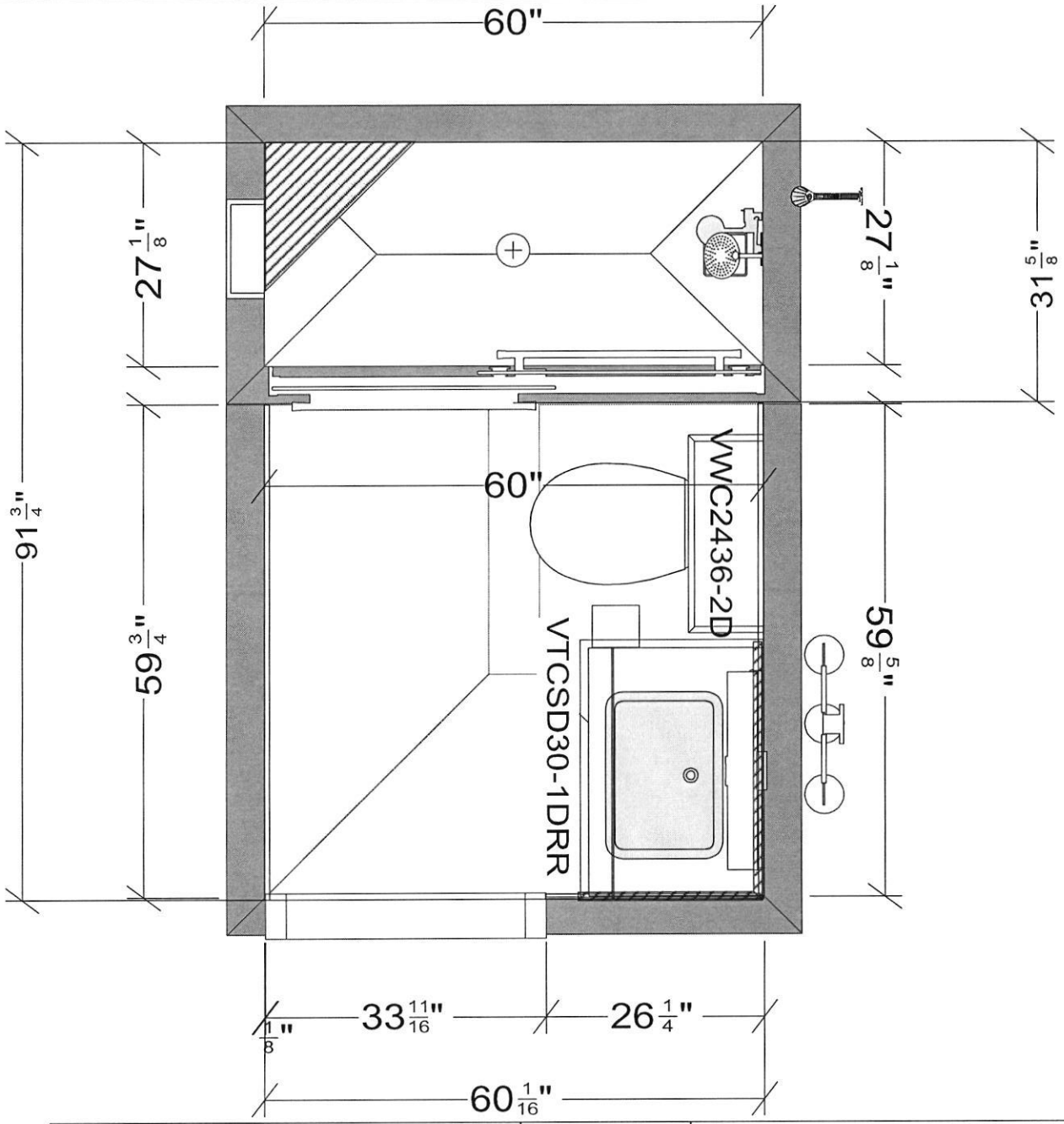
PROPOSED FLOOR PLAN
LEVEL 2

All dimensions _size designations given are subject to verification on job site and adjustment to fit job conditions.

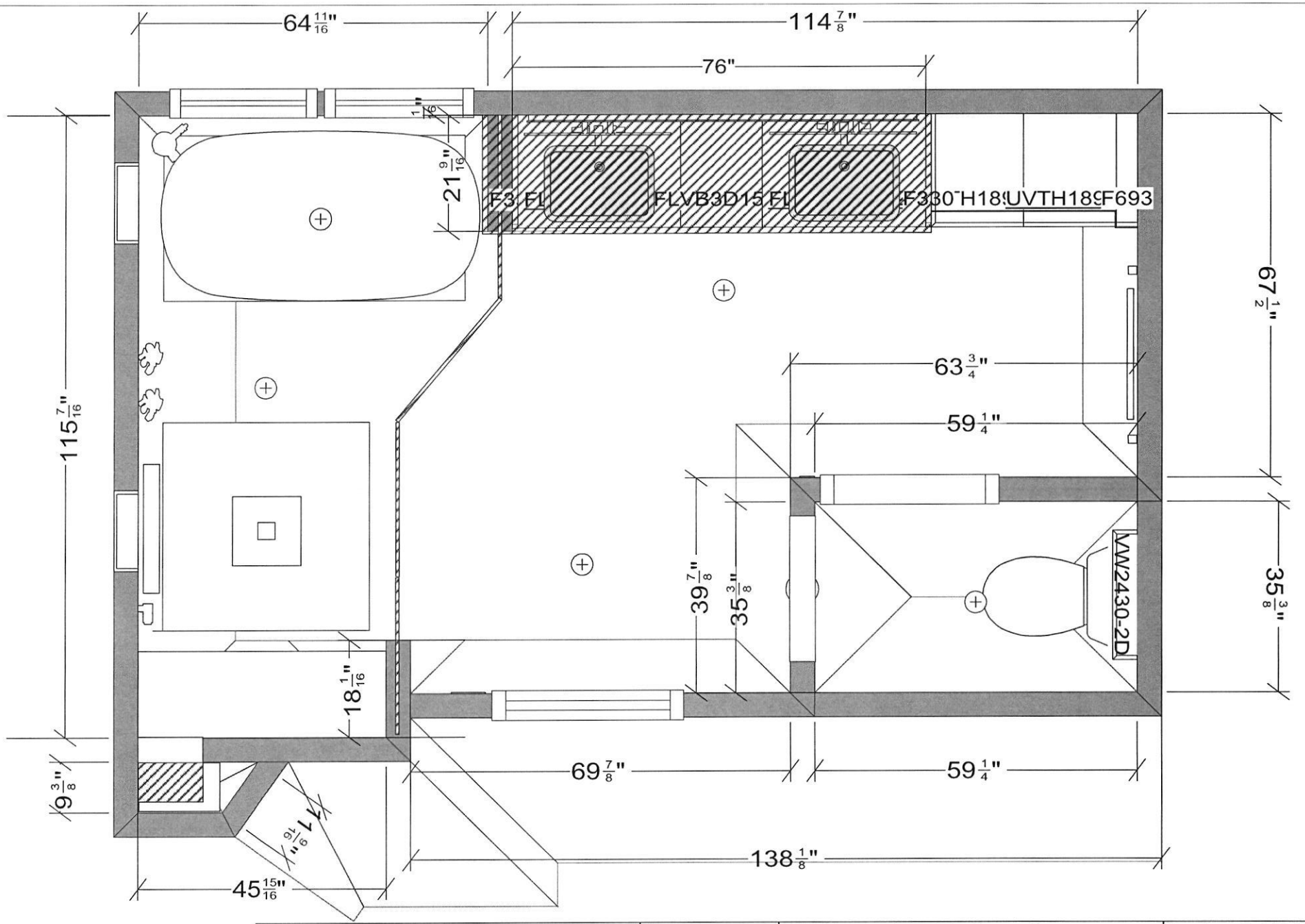
Cyncly

Designed: 7/10/2026
Printed: 7/10/2026

Gallaher Propsed Floor Plan level 2.kit	All (no dims)	Drawing #: 1	No Scale.



All dimensions _size designations given are subject to verification on job site and adjustment to fit job conditions.	Cyncly	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	Designed: 2/23/2026 Printed: 2/24/2026
Design Kit- Amy -Gene Gallaher - Hallway Bath		All	Drawing #: 1 | No Scale.



All dimensions _size designations given are subject to verification on job site and adjustment to fit job conditions.	Cyncly	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	Designed: 2/24/2026 Printed: 2/24/2026
PB- Gallaher- Final Design	All	Drawing #: 1	No Scale.

V

LAYOUT 10/16/03 INSP 4 _____

INSP 2 11/4/03 INSP 5 _____

INSP 3 11/12/03 -2PM INSP 6 _____

ISSUE DATE: 10/8/03

APPROVAL DATE: 11/12/03

PERMIT

INDEXED

P 519608

A 513359-B

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

03-339610

Maticic Construction IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Rd PHONE NUMBER: 410-379-6463

SUBDIVISION: Fox Chase Estate LOT NUMBER: 2

ADDRESS: 12909 Vistaview Drive PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 120' from the rear lot line and 10' from the left lot line. Run (3) trenches on contour to rear of lot as shown on plan. Trenches are best installed as shown (40', 85', 115').
NOTES:	All septic tanks to be at least 100' from well.

PLANS APPROVED: MER DATE: 6/27/03

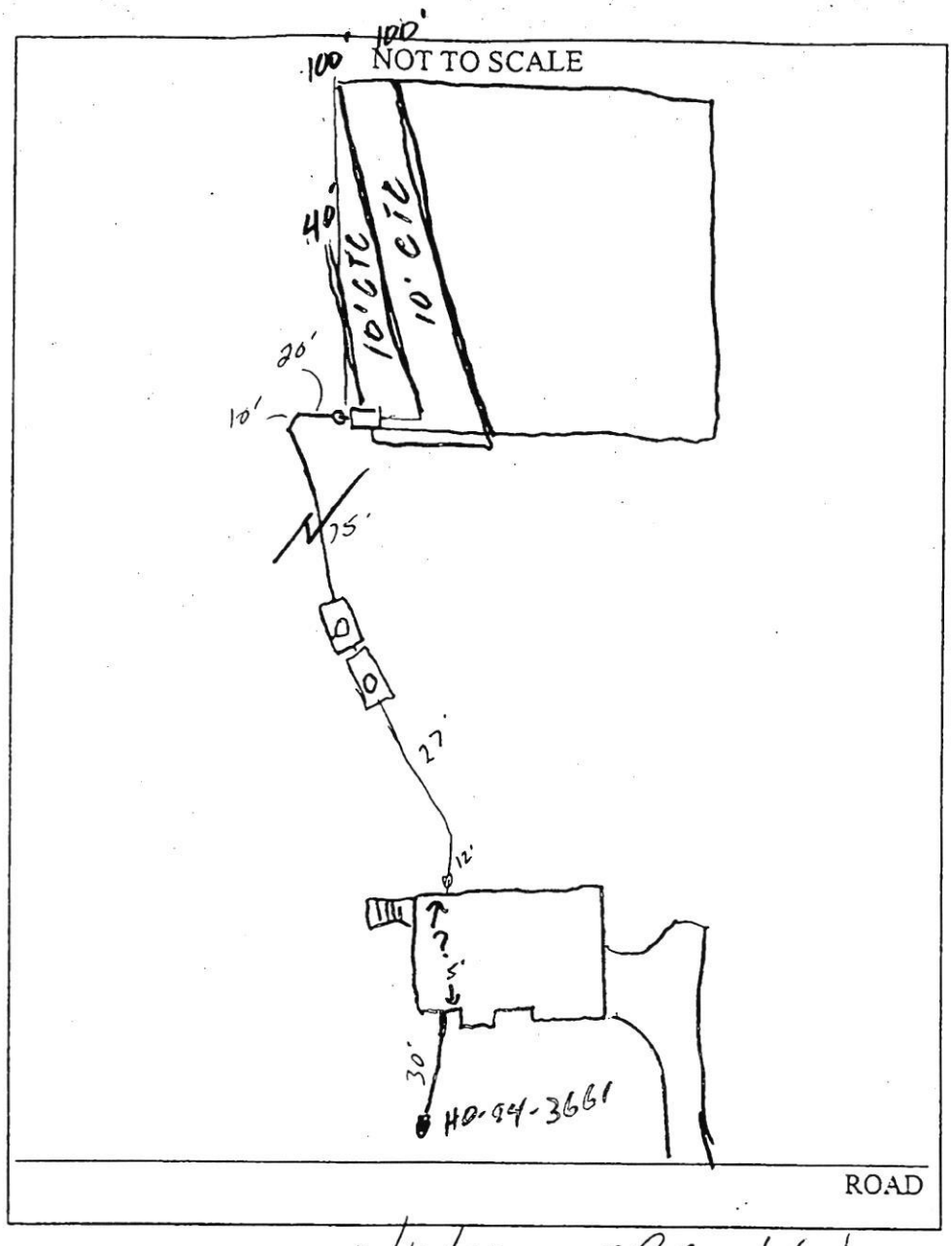
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

BUILDING PERMIT SIGNED AND RETURNED

8-2305 B00155543 - 2 STORY GARAGE ADDITION
12-705 B00157247 - IG POOL

513359-B



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	3'

NUMBER OF TRENCHES 3
TOTAL LENGTH 240'
ABSORPTION AREA 720 ft²
DISTRIBUTION BOX LEVEL ✓
DISTRIBUTION BOX BAFFLE ✓
DISTRIBUTION BOX PORT ✓

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL ✓
CAPACITY 1250 GAL
SEAM LOC Top
TANK LID DEPTH 2'
BAFFLES ✓
BAFFLE FILTER —
MANHOLE LOC Center
6" PORT LOC —
WATERTIGHT TEST —

SEPTIC TANK 2 LEVEL ✓
CAPACITY 1250 GAL
SEAM LOC Top
TANK LID DEPTH 2'
BAFFLES ✓
BAFFLE FILTER —
MANHOLE LOC Center
6" PORT LOC ✓
WATERTIGHT TEST ✓

PRE-CONSTRUCTION 10/16/03 - SRA staked, contour appears accurate, Install per B.P. (SO)

INSTALLATION 11/4/03 = OK to cover all work. Pump & Alarm test needed (SO) 11/12/03 pump + alarm test OK (SO/KB)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR Kenneth Bell DATE OF APPROVAL 11/12/03