

Approved 6/30/25

-H.O.

Online BP. 6/29/26

Record Detail * (This section is required.)

Case

EH-PLANS-26-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

06/26/2026

Single Entry Edit-View Record Form

Application Name

B26002117

Description

SFTH/ BATHROOM RENOVATIONS TO INCLUDE RELOCATION OF SHOWER, TOILET, & (1) SINK TO BE ADDED,
NO STRCUTUAL CHANGES

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	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>
☐ ●	15122		Players	WAY							

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

☐ Primary	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

☐ Primary	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/Region</u>
☐ ●	Paul Ulrich-Trustee	15122 Players Way			Glenwood	MD	21738		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 *

JOSE

Middle Name

Last Name *

GRANADOS

Organization Name *

GAA LLC

Mobile Phone ((xxx)xxx-xxxx)

(202) 803-0755

Home Phone ((xxx)xxx-xxxx)

E-mail

jeosremodeling@gmail.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

6/26/2026

Due Date

7/14/2026

Dates to Complete

14

(Number)

Food Review Type

--Select--

Equipment Specification Sheet

Received by Food

Equipment Specification Sheets Submitted

Received by Community Hygiene

Received by Well and Septic

6/26/2026

FACILITY INFORMATION

Name of Business (dba) *

na (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, forward 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 ▼

Signature Required

☐ Yes ☐ No

Number of paper copies

(Number)

Number of buildable lots created

(Number)

Total Number of Lots

0

(Number)

Plan Version

Initial ▼

Engineer

(Text)

Number of mylar copies

(Number)

Number of non-buildable lots created

(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-- ▼

[illegible]

OWNER'S BEDROOM
14'-5" x 18'-1"
TRAY CEILING

KITCHEN
14'-2" x 18'-8"
WALL OVEN
ISLAND
DW

DINING ROOM
14'-9" x 14'-10"

LIVING ROOM
12'-9" x 18'-0"
OPT. FIREPLACE

BATH
Vanity
Shower
Toilet

CL.
LINEN CLOSET

DRY. W.
DRY STORAGE CLOSET

STAIRS

WINDOW W/ END UNIT ONLY

WINDOW W/ OPT. 2-CAR GARAGE

OPT. BAY WINDOW

WINDOW W/ OPT. 2-CAR GARAGE

ONE CAR GARAGE
10'-7" x 21'-3"

OPT. 2-CAR GARAGE
20'-4" x 21'-3"
(END UNIT ONLY)