Menu Save Reset Cancel Help

Approved 6/30/26 - H.O.

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

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
06/29/2026

Online BP. gs 6/29/26

_Single Entry Edit-View Record Form

Application Name
B26002153

Description
SFD/ 8' X 6.5' OPEN DECK WITH STEPS. EXISTING DECK TO BE REMOVED.**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
◉	14120		Twisting	LN	Dayton	MD	21036				

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
◉	Frances Minni	14120 Twisting Ln.			Dayton	MD	21036		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 *
Hailey
Middle Name
Last Name *
Shulski
Organization Name *
Absolute Scapes
Mobile Phone ((XXX)XXX-XXXX)
(410) 489-0655
Home Phone ((XXX)XXX-XXXX)
E-mail
info@absolutescapes.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
7/12/2026
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
6/26/2026

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
(Text)
Facility Fax
(Text)
Facility Email
(Text)
Days of Operation
(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: 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: (Number)

Hood System: (Text)

Ventless Equipment: (Text)

PLUMBING

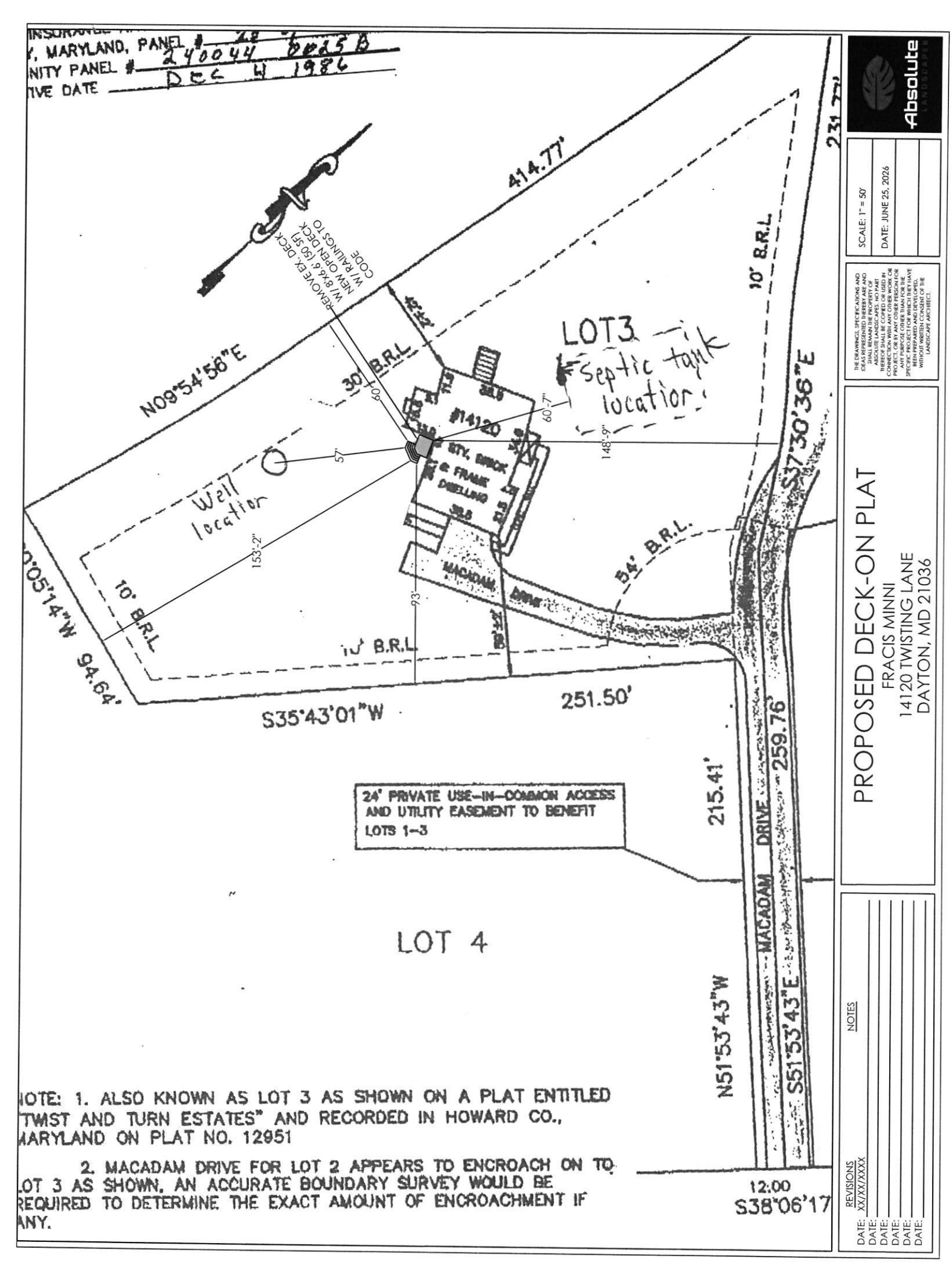
Size and installation of the water heater? (Text)

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--


INSURANCE
, MARYLAND, PANEL # 240044 0025 B
NITY PANEL # DEC 4 1986
TIVE DATE
414.77'
231.77'
10' B.R.L
REMOVE EX. DECK W/ 8'x4.6' (30 SF) NEW OPEN DECK TO CODE W/ RAILINGS
N09°54'58"E
40' B.R.L
30' B.R.L
LOT3
Septic tank location
#14120
STY. BRICK & FRAME DWELLING
Well location
57'
60'-7"
148'-9"
153'-2"
MACADAM DRIVE
54' B.R.L.
S37°30'36"E
N0°05'14"W 94.64'
10' B.R.L
10' B.R.L
93'
S35°43'01"W
251.50'
24' PRIVATE USE-IN-COMMON ACCESS AND UTILITY EASEMENT TO BENEFIT LOTS 1-3
215.41'
259.76'
LOT 4
N51°53'43"W
S51°53'43"E
MACADAM DRIVE
12.00
S38°06'17
Absolute LANDSCAPES
SCALE: 1" = 50'
DATE: JUNE 25, 2026
THE DRAWINGS, SPECIFICATIONS AND IDEAS REPRESENTED THEREBY ARE AND SHALL REMAIN THE PROPERTY OF ABSOLUTE LANDSCAPES. NO PART THEREOF SHALL BE COPIED OR USED IN CONNECTION WITH ANY OTHER WORK OR PROJECT FOR ANY OTHER PERSON OR FOR ANY PURPOSE OTHER THAN FOR THE SPECIFIC PROJECT FOR WHICH THEY HAVE BEEN PREPARED AND DEVELOPED WITHOUT THE EXPRESSED CONSENT OF THE LANDSCAPE ARCHITECT.
PROPOSED DECK-ON PLAT
FRACIS MINNI
14120 TWISTING LANE
DAYTON, MD 21036
NOTES
REVISIONS
DATE: XX/XX/XXXX
DATE:
DATE:
DATE:
DATE:
DATE:
NOTE: 1. ALSO KNOWN AS LOT 3 AS SHOWN ON A PLAT ENTITLED "TWIST AND TURN ESTATES" AND RECORDED IN HOWARD CO., MARYLAND ON PLAT NO. 12951
2. MACADAM DRIVE FOR LOT 2 APPEARS TO ENCROACH ON TO LOT 3 AS SHOWN, AN ACCURATE BOUNDARY SURVEY WOULD BE REQUIRED TO DETERMINE THE EXACT AMOUNT OF ENCROACHMENT IF ANY.