

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

03/19/2026

Single Entry Edit-View Record Form

Application Name

B26000251

Description

SFD/ CONSTRUCT 12 X 24 (1) STORY UNCONDITIONED STRUCTURE TO BE USED AS GYM FOR PERSONAL USE ONLY, 1 STORY, Slab on Grade, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = N/A, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Zack Silvest

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			
☐	5018		Ten Oaks		Clar...	MD	21029							

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					
☐	Felix Adjapong	5018 Ten Oaks Rd			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

First Name *

Victor

Middle Name

Last Name *

Skinner

Home Phone ((xxx)xxx-xxxx)

Online BP.
3/19/26Approved
MRE 3/2/26

Organization Name *

Scorpion Designs

Mobile Phone (xxx)xxx-xxxx

(240) 804-7350

E-mail

designingscorpion@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

8/19/2026

Due Date

4/2/2026

Dates to Complete

14

(Number)

Received by Food

Equipment Specification Sheets Submitted

Food Review Type

--Select--

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

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, forward to WS Program.

☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.

☐ Yes ☐ No

Facility Fax

0 (Text)

Days of Operation

0 (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

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

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 copies

0

(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

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and Installation of the water heater?

(Text)

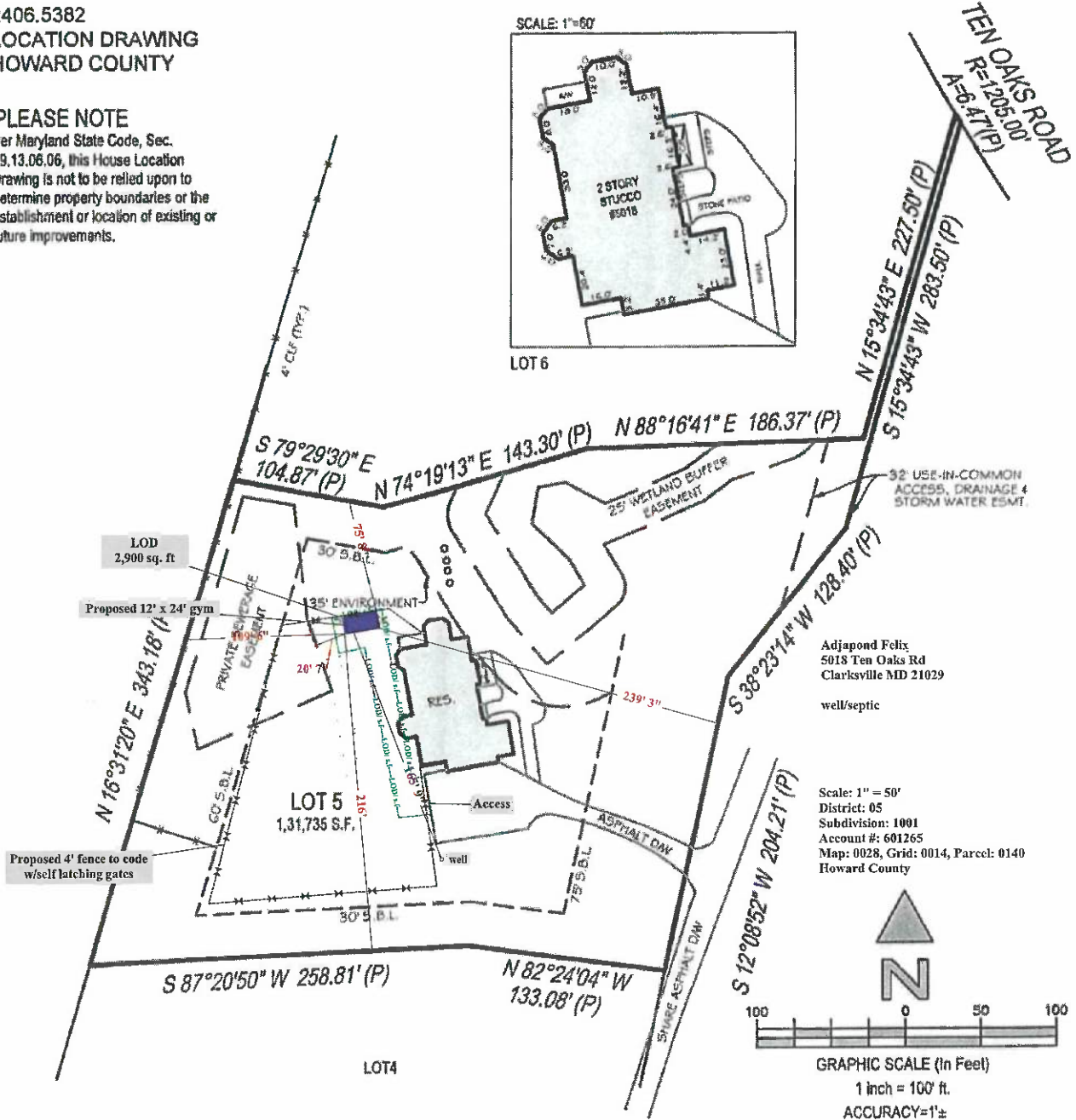
Is there a grease interceptor or grease trap?

--Select-- ▼

2406.5382
LOCATION DRAWING
HOWARD COUNTY

PLEASE NOTE

Per Maryland State Code, Sec. 09.13.06.06, this House Location Drawing is not to be relied upon to determine property boundaries or the establishment or location of existing or future improvements.



Matthew Nigel Brien
State of Maryland Professional Land Surveyor
License Number 21406

SURVEYORS CERTIFICATION:

THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. THIS PLAT WAS PREPARED UNDER MY DIRECT SUPERVISION IN ACCORDANCE WITH C.O.M.A.R. SECTION 09.13.06.06 AS NOW ADOPTED BY THE MARYLAND BOARD FOR PROFESSIONAL LAND SURVEYORS AND IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING THE PROPERTY DEPICTED HEREON.

POINTS OF INTEREST:
NONE VISIBLE

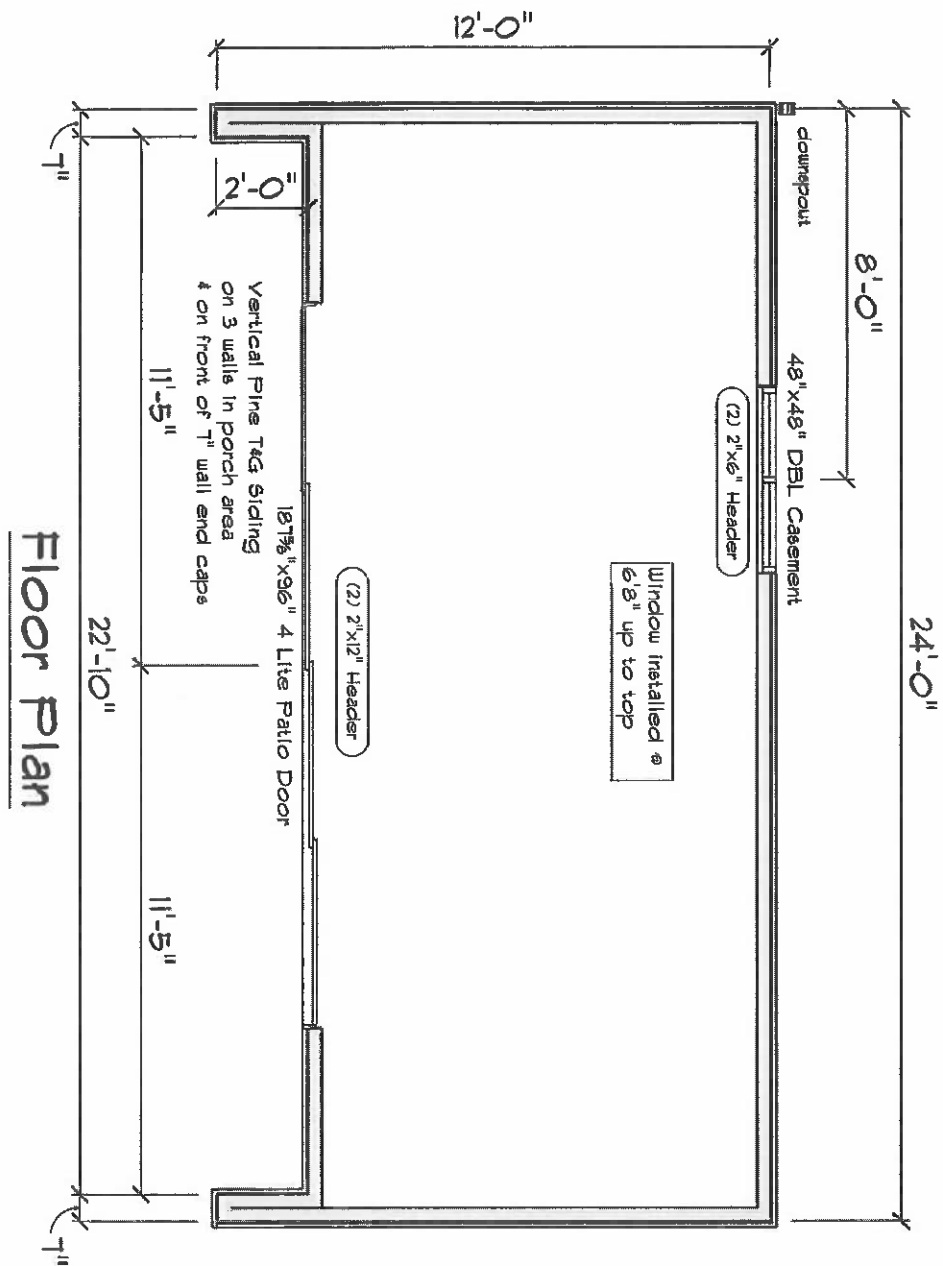


Exacta Land Surveyors, LLC
LB#21937
office: 443.819.3994
4424 Ventura Way, Apt L | Aberdeen, MD 2100



DATE SIGNED: 06/28/24
FIELD WORK DATE: 6/27/2024
REVISION DATE(S): (REV.1 6/28/2024)

SEE PAGE 2 OF 2 FOR LEGAL DESCRIPTION
PAGE 1 OF 2 - NOT VALID WITHOUT ALL PAGES



Floor Plan

Oasis Pool and Landscaping-Adjapong

- ☐ Approved
☐ Revised as noted

Date: _____

Customer Signature: _____

Modern Gym

WO # 12848

BY: Mervin E

SCALE: 1/4" = 1'-0"

Drawing Provided By:

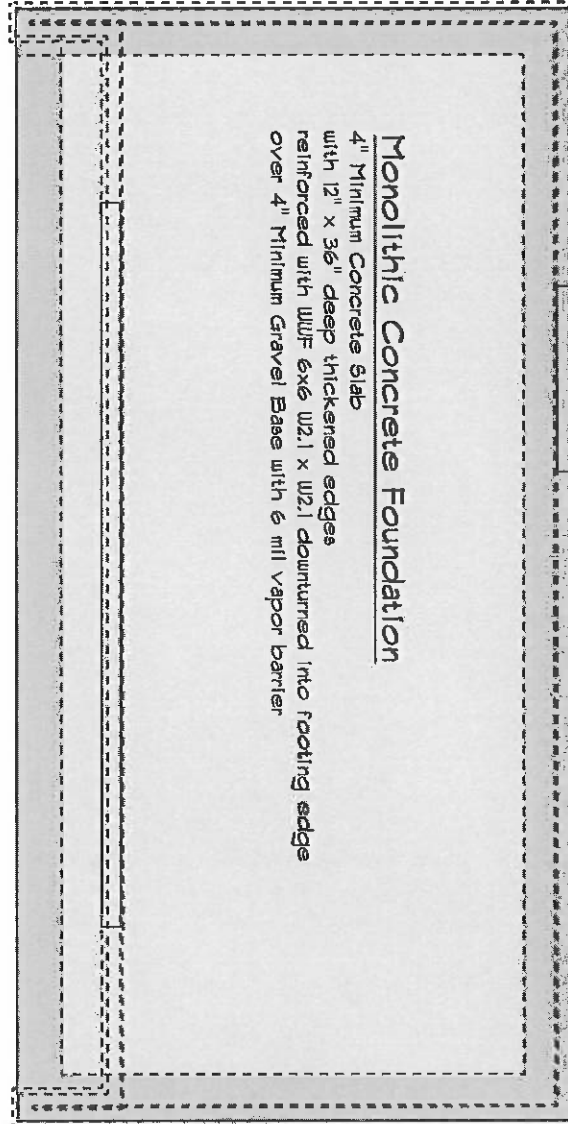
Homestead Structures
 New Holland PA 17557
 877-272-7252

DATE: Wednesday, December 31, 2023

Floor Plan

PAGE: **1**

Foundation Plan



Oasis Pool and Landscaping-Adjapong

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Modern Gym

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BY: Mervin E

SCALE: 1/4" = 1'-0"

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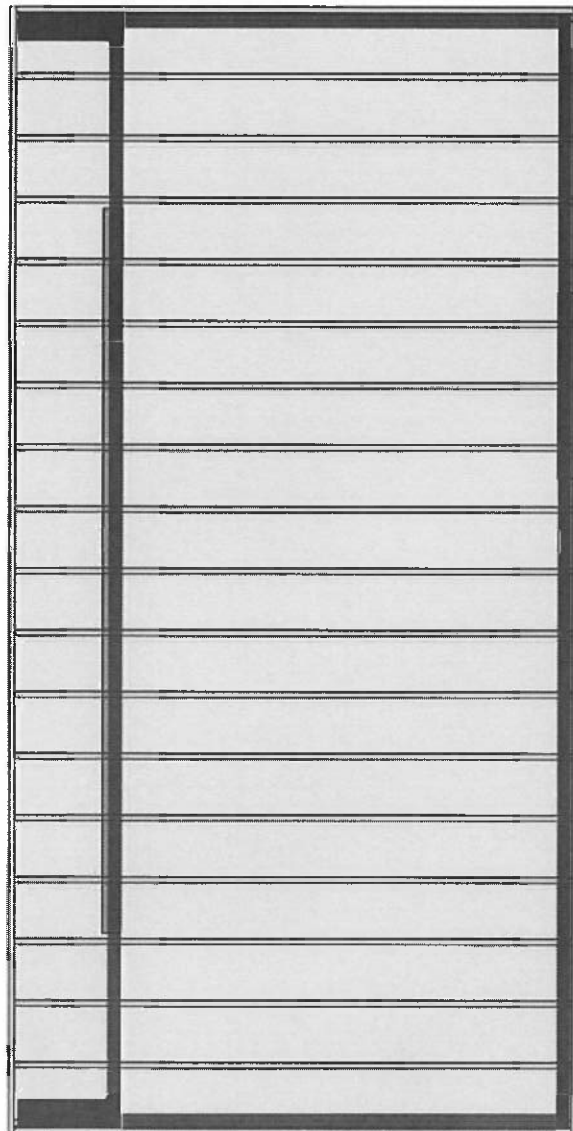
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Foundation

PAGE: **2**

Roof Framing Plan



2"x8" Rafters @ 16" o.c.

2" framing overhang on eave sides
2" (2x8 on outside of sheathing) overhang on gable ends

Oasis Pool and Landscaping-Adjapong

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Roof Framing Plan

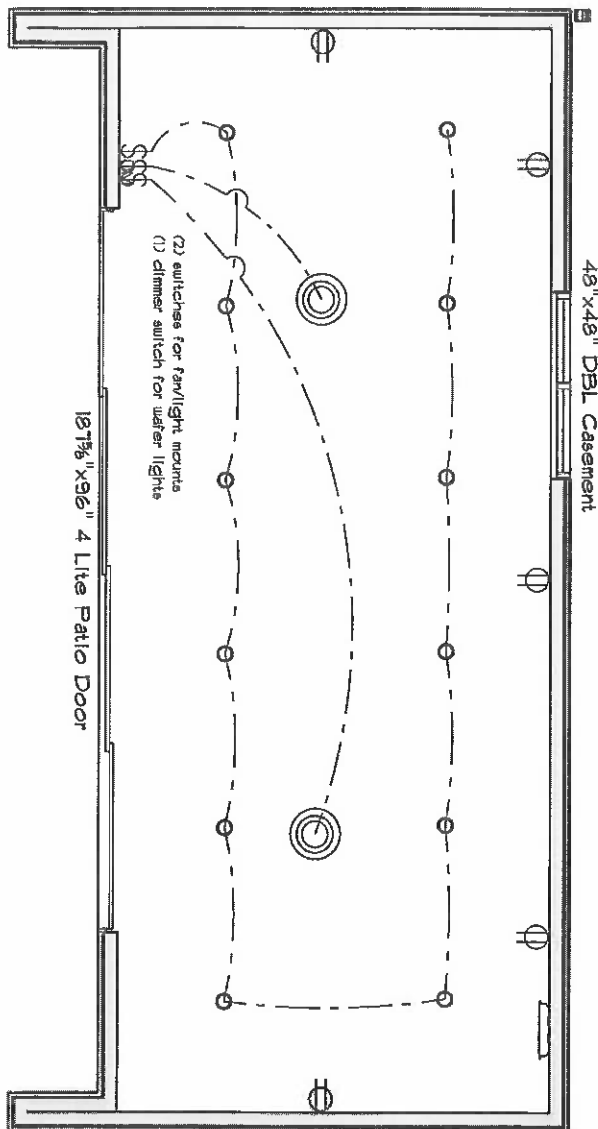
PAGE: **3**

- (1) 15 amp Breaker for water lights
- (1) 15 amp Breaker for (2) Light/fan mounts
- (1) 15 amp Breaker for (5) Recept

20 Amp Circuits use 12 ga Wire
 15 Amp Circuits use 14 ga Wire

All Exterior Receptacles to be "TRUR"

ELECTRICAL LEGEND		
ELECTRICAL	COUNT	SYMBOL
4in recessed water light	12	○
100 amp 12 spot main breaker panel	1	⌋-⌋
fan-light mount	2	⊙
recept	5	⊕
switch	2	\$
switch dimmer	1	\$DM



Electrical Plan

Oasis Pool and Landscaping-Adjapong

- ☐ Approved
- ☐ Revised as noted

Date: _____

Customer Signature: _____

Modern Gym

WO # 1 848

BY: Mervin E

SCALE: 1/4" = 1'-0"

Drawing Provided By:

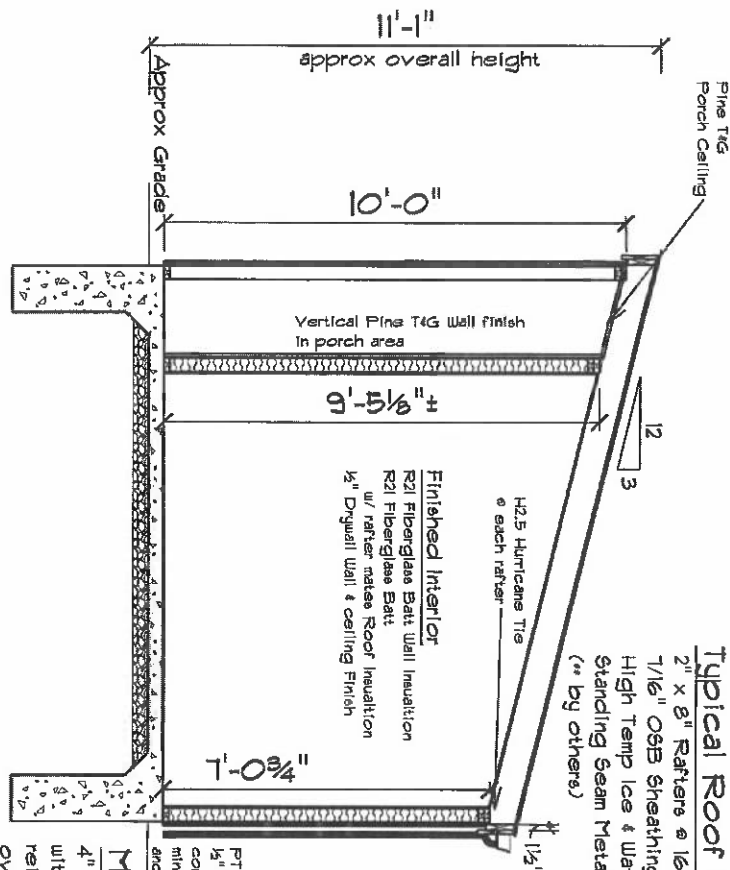
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Electrical Plan

PAGE: 4

Section Detail



Typical Roof Framing

2" x 8" Rafters @ 16" o.c.
7/16" OSB Sheathing
High Temp Ice & Water Shield
Standing Seam Metal Roof
(** by others)

Typical Wall Framing

2" x 4" Studs @ 16" o.c.
7/16" OSB Sheathing
House Wrap
Metal BatB Siding

Monolithic Concrete Foundation

4" Minimum Concrete Slab with 12" x 36" deep thickened edges reinforced with WUF 6x6 W2.1 x W2.1 downturned into footing edge over 4" Minimum Gravel Base with 6 mil vapor barrier

PT bottom plates to be attached to concrete with 1/2" diameter anchors @ max 4' o.c., max 12" from ends, corners, splices, and door jambs, minimum 2 anchors in each panel, anchors shall have minimum 4.5' embedment

Oasis Pool and Landscaping-Adjapong

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Modern Gym

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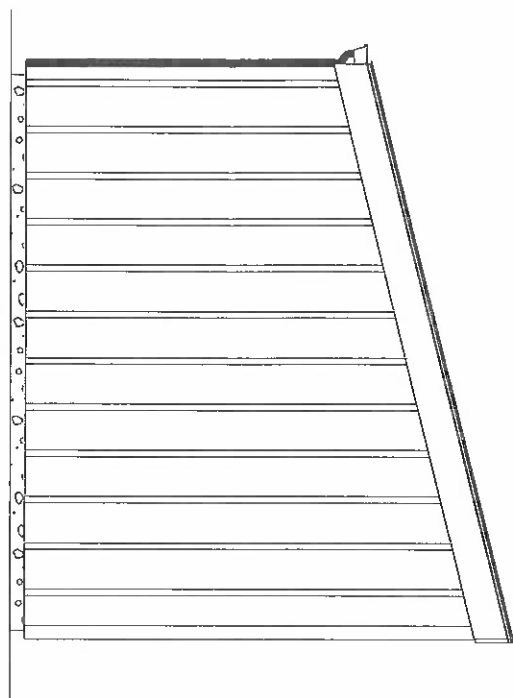
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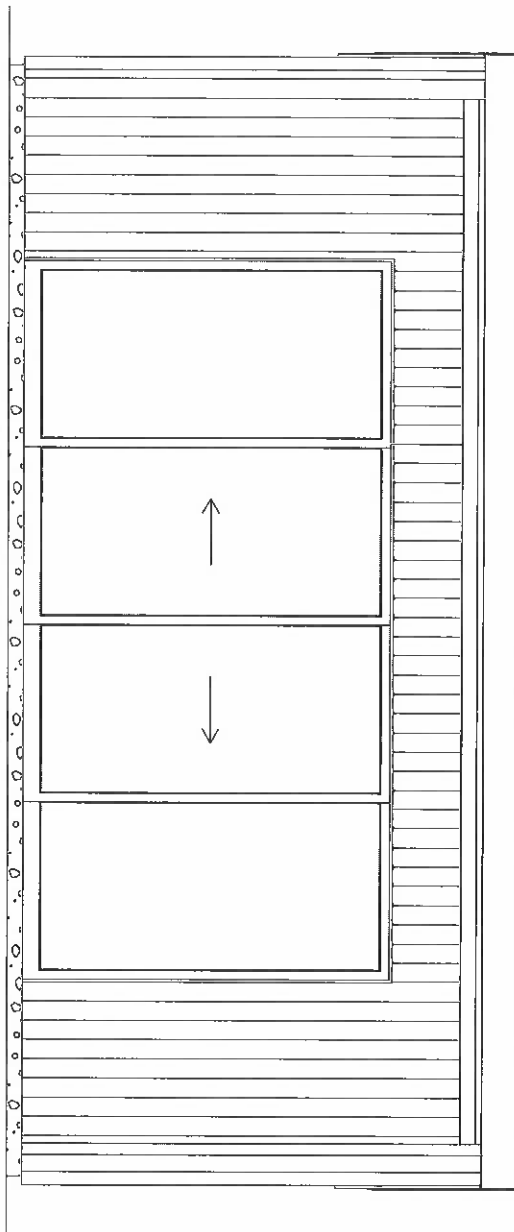
Section Detail

PAGE: 5

Left Elevation



Front Elevation



Oasis Pool and Landscaping-Adjapong

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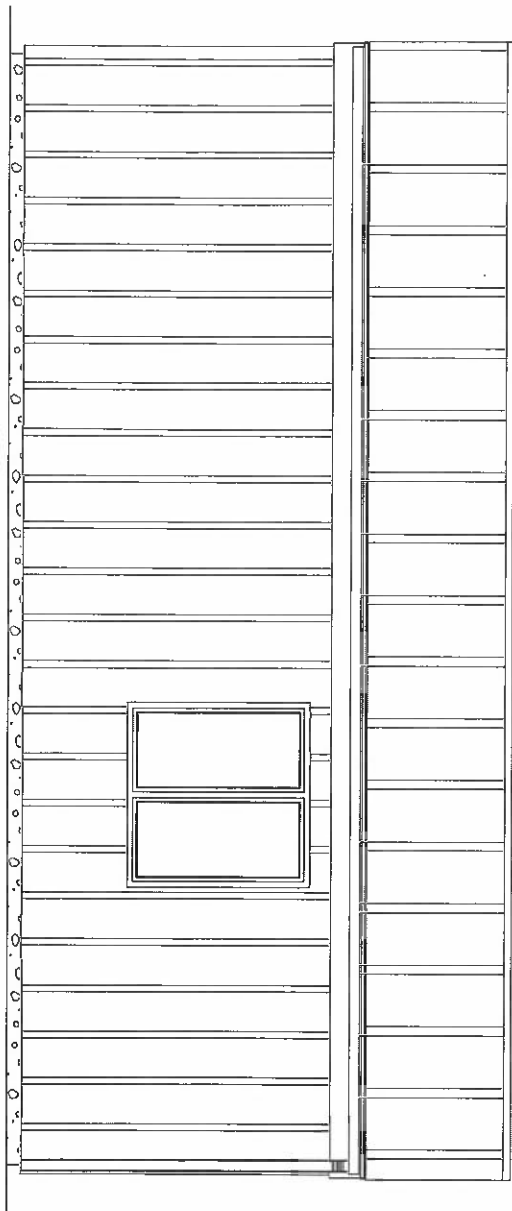
DATE: Wednesday, December 31, 2025

Elevations 1

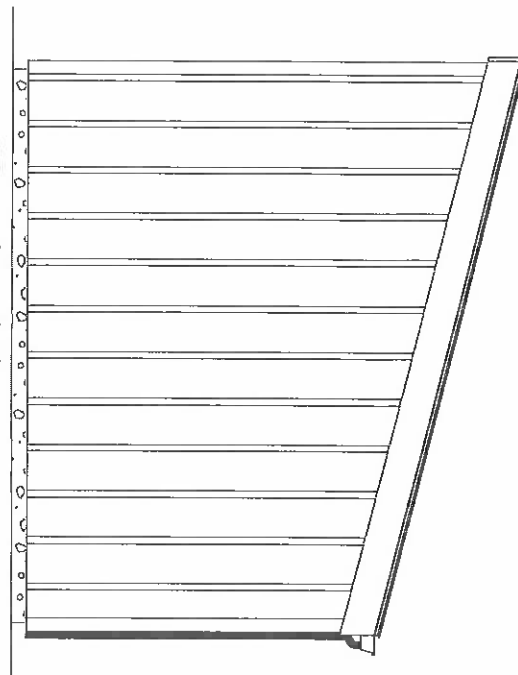
PAGE:

6

Rear Elevation



Right Elevation



Oasis Pool and Landscaping-Adjapong

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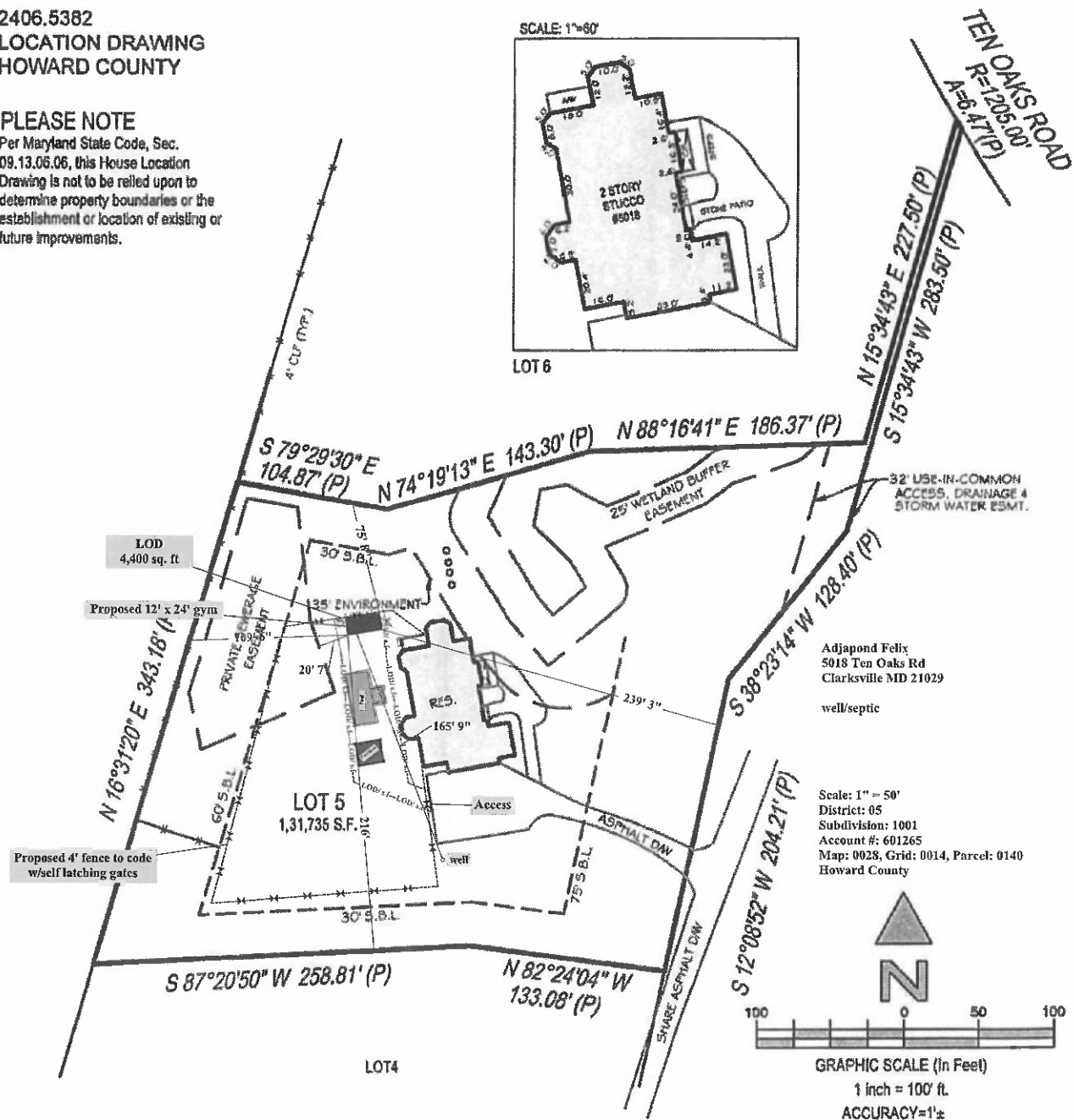
Elevations 2

PAGE: **7**

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