Menu Save Reset Cancel Help

Approved MDC 10/8/25

Record Detail *(This section is required.)*

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
10/03/2025

Online BP. gb 10/6/25

_Single Entry Edit-View Record Form

Application Name
B25003852

Description
SUITE 310/TODAYS SMILE DENTAL/ ALTERATIONS TO CREATE A DENTAL OFFICE

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Progra

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
◉	10400		Little ...	PKWY	Colu...	MD	21044			SUITE	3

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
◉	10 CCC LLC.	PO Box 131298			Carlsbad	PA	92013		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Christoper

Middle Name

Last Name *
Haas

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Sheffield Construction Inc
Mobile Phone ((XXX)XXX-XXXX)
(410) 647-1185
E-mail
chris@sheffieldconstruction.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
10/3/2025

Due Date
10/20/2025

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
10/3/2025

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
Public

Sewage Disposal
Public

Design Wastewater Flow
(Number)

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
Commercial

Plan Version
Initial

Signature Required
○ Yes ○ No

Engineer
0
(Text)

Number of paper copies
0
(Number)

Number of mylar copes
0
(Number)

Number of buildable lots created

Number of non-buildable lots created

0 (Number)
Total Number of Lots

0 (Number)
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

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

October 8th, 2025

Stanley Park, DDS
Today's Smile Dental

10400 Little Patuxent Pkwy
Suite 310
Columbia, MD 21044

Sent via email to:

RE: #B25003852
Today's Smile Dental 10400 Little Patuxent Pkwy

To Whom It May Concern:

This letter is in response to building permit B25003852. The building permit application and plans indicate proposed work that may include new x-ray equipment and/or high-energy/radiation technology that will need to be reviewed/registered with Maryland Department of the Environment, Air Quality Program, Air and Radiation Management Administration. If you have any questions, you can contact the Air Quality Permits Program at (410) 537-3230.

Your building permit has been **approved** by this Department on 10/8/25. I may be reached at 410-313-1771 if you would like to discuss the project in more detail.

Respectfully,

Melanie Eshenbaugh
Well & Septic Program
Bureau of Environmental Health

today's smile dental
FAMILY & IMPLANT DENTISTRY

September 17, 2025

Howard County Permit Office
3430 Court House Drive
Ellicott City, MD 21403

To Whom it May Concern:

Today's Smile, LLC d/b/a Today's Smile Dental located at 10400 Little Patuxent Parkway, Suite 310, Columbia, MD 21044 will function as a general dental office providing services that include hygiene maintenance, crowns, bridges, root canals, tooth extractions, implants and restorations, etc.

Sincerely,

Stanley Park, DDS
Sole Member of Today's Smile, LLC

TodaysSmileDental.com • Tel: 410-997-8383 • Fax: 410-997-8434 • Email: contact@TodaysSmileDental.com
10025 Governor Warfield Pkwy, Suite 218, Columbia, MD 21044