Menu Sa Reset Cancel Help

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

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
09/19/2025

Single Entry Edit-View Record Form

Application Name
B25003840

Description
SFD/ INSTALL A 12.6' HOT TUB ON A 16 X 16 CONCRETE PAD **SUBJECT TO FIELD INSPECTION**

Online BP. gs 9/22/25

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.)*

15877 AE Mullinix Rd, Woodbine

New Search Delete Set Primary

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Owner *(This section is not required.)*

Search Delete Set Primary

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
John

Middle Name

Last Name *
Bean

Home Phone ((XXX)XXX-XXXX)

Organization Name *
JBB Services LLC.

Mobile Phone ((XXX)XXX-XXXX)
(240) 674-7442

E-mail

Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
9/19/2025

Due Date
10/3/2025

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
9/19/2025

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does this project have a Building Permit?
○ Yes ○ No

Building Permit Issued 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
0
(Text)

Number of paper copies
0
(Number)

Number of mylar copes
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--

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

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring
--Select--

Kitchen Cove Base
--Select--

Storage - Food Storage Flooring
--Select--

Storage - Food Storage Cove
--Select--

Utensil Washing Area Flooring
--Select--

Utensil Washing Area Cove
--Select--

Dressing / Locker Room Flooring
--Select--

Dressing / Locker Room Cove
--Select--

Toilet Area Flooring
--Select--

Toilet Area Cove
--Select--

Walk-in Refrigerator Flooring
--Select--

Walk-in Refrigerator Cove
--Select--

Kitchen Walls
--Select--

Utensil Washing Area Walls
--Select--

Restroom Walls
--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?
○ Yes ○ No

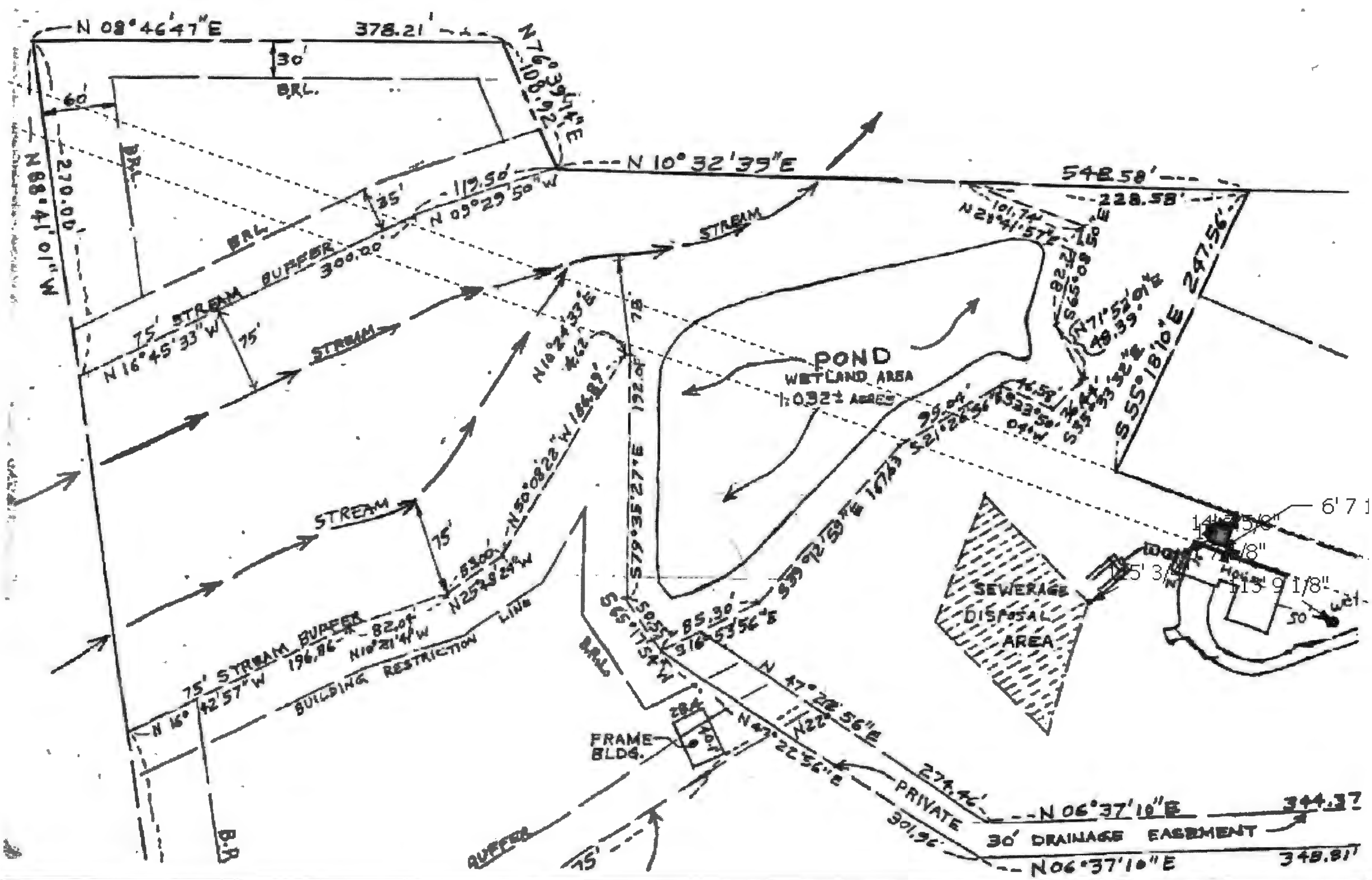
Are ceiling rafters exposed ?
○ Yes ○ No

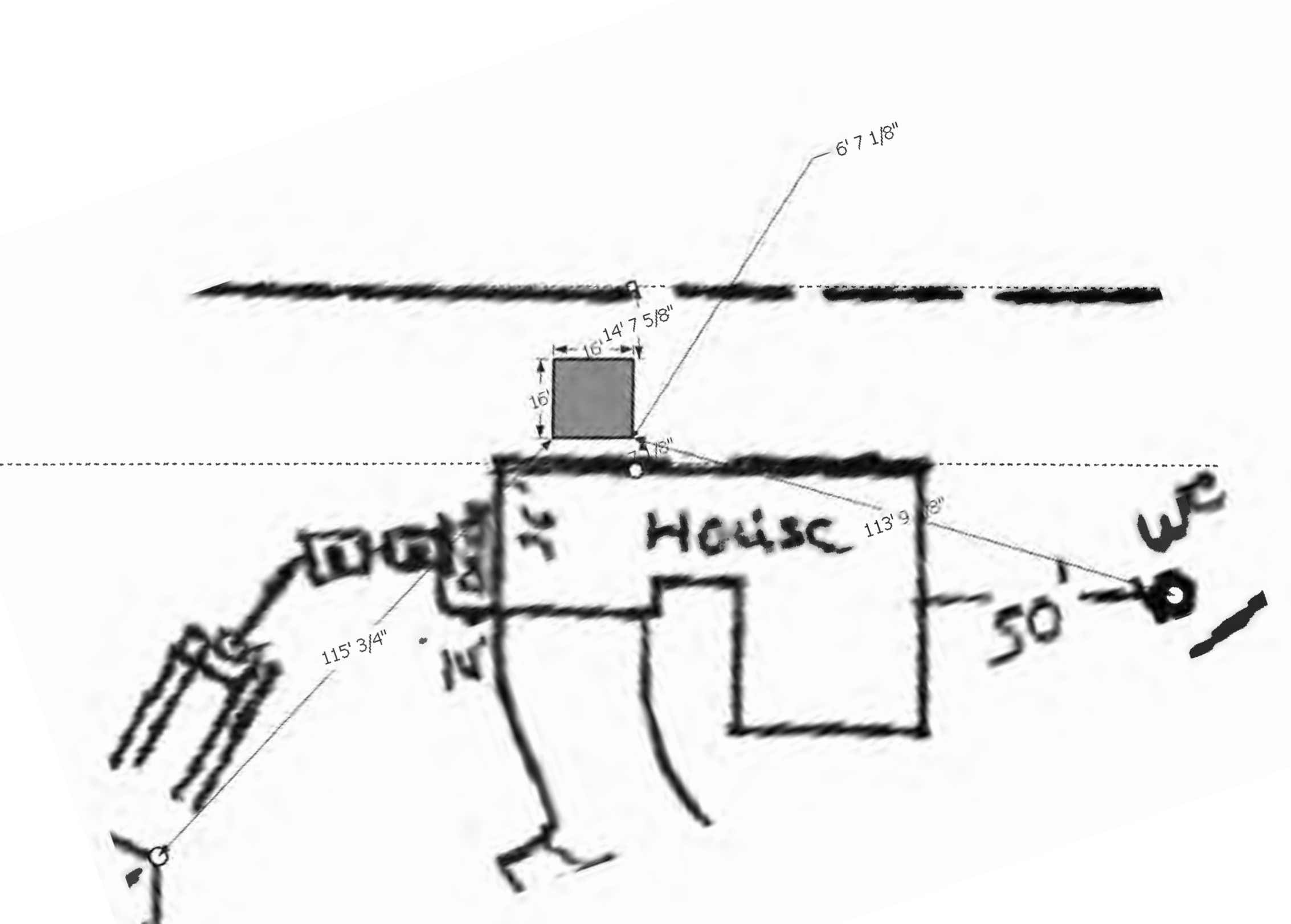
Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
○ Yes ○ No

SPECIAL PROCESSING

Does the facility conduct any special processing?

If yes, Please describe.


N 08°46'47"E
378.21'
N 76°39'14"E
108.92'
30'
BRL.
60'
BRL
N 88°41'01"W
270.00'
N 10°32'39"E
548.58'
228.58'
35'
117.50'
N 09°29'50"W
BRL
75' STREAM BUFFER
300.00'
N 16°45'33"W
75'
STREAM
STREAM
STREAM
75'
N 10°24'33"E
78
S 79°35'27"E
192.0
N 50°08'22"W 186.82'
N 25°28'24"W
83.00'
75' STREAM BUFFER
82.0
N 10°21'41"W
196.86'
N 16°42'57"W
BUILDING RESTRICTION LINE
POND
WETLAND AREA
1.032± ACRES
S 65°08'50"E
82.2
N 71°52'01"E
49.39'
S 55°18'10"E 247.56'
S 33°59'32"E
SEWERAGE DISPOSAL AREA
85.30'
S 65°17'54"W
FRAME BLDG.
N 47°28'56"E
N 47°22'56"E
274.46'
PRIVATE
301.96'
N 06°37'10"E
344.37
30' DRAINAGE EASEMENT
N 06°37'10"E
348.81'
BUFFER
75'
B.R
6'7 1
HOUSE
50
well


6' 7 1/8"
14' 7 5/8"
16'
16'
House
113' 9 1/8"
50'
115' 3/4"
14'