Menu Save Reset Cancel Help

Record Detail *(This section is required.)*

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Online BP. gs 9/18/25

Opened Date
09/18/2025

_Single Entry Edit-View Record Form

Application Name
B25003482

Description
SFD/ CONSTRUCT 21' X 15' SECOND FLOOR ADDITION FOR WALK IN CLOSET, FIRST FLOOR ADDITION FOR BUTLERS PANTRY, BASEMENT CRAWL SPACE AND CONSTRUCT 26' X 35' SCREENED PORCH, LANDING, & STEPS, 2 STORY, Crawl Space, 1R, 0FB, 0HB, 1FP, OTHER STRUCTURE = N/A, 0BR, PORCH/DECK = Screen Porch, ENERGY METHOD = N/A,

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

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

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Douglas

Middle Name

Last Name *
Wood

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Castlewood Consulting LLC

Mobile Phone ((XXX)XXX-XXXX)
(301) 347-1627

E-mail
RACHEL@TODDWOOD.COM

Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Approved Septic System Plan
Howard County Health Department
DBonard 9-29-25
Signature Date

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
9/18/2025

Due Date
10/2/2025

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
9/18/2025

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
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
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
HACCP Plan Review
Plan Review Letter Mailed
HACCP Plan Revision Submitted
HACCP Fee Type: --Select--

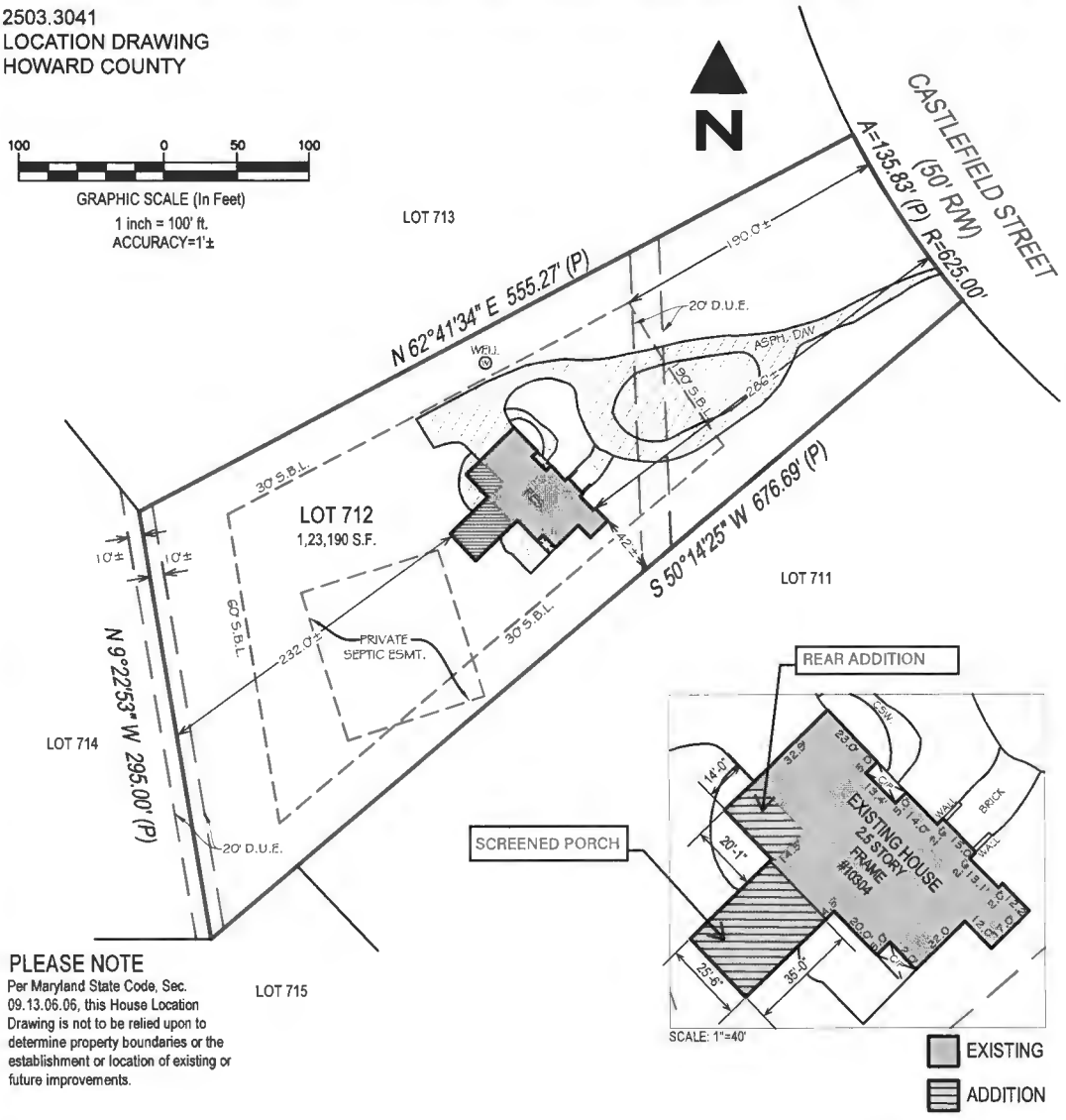
FINISHING SCHEDULE

Kitchen Floor / Bar Flooring: --Select--
Kitchen Cove Base: --Select--

Realm Title Agency

PROPERTY ADDRESS: 10304 CASTLEFIELD STREET, ELLICOTT CITY, MARYLAND 21042 **SURVEY NUMBER:** 2503.3041

2503.3041
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.

SURVEYORS CERTIFICATION:
THE INFORMATION SHOWN HERON 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.

STATE OF MARYLAND
WILLIAM R. HEBERT
PROPERTY LINE SURVEYOR
NO. 483
LINE

WILLIAM R. HEBERT
State of Maryland Property Line Surveyor
License Number 483 | Expires 1/14/2027

POINTS OF INTEREST:
NONE VISIBLE

EXACTA Land Surveyors, LLC

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

SurveySTARS

DATE SIGNED: 03/19/25
FIELD WORK DATE: 3/18/2025
REVISION DATE(S): (REV.1 3/19/2025)

SEE PAGE 2 OF 2 FOR LEGAL DESCRIPTION