

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

04/01/2026

Single Entry Edit-View Record Form

Application Name

B26000799

Description

ST. MARKS HIGHLAND/ Install 10' X 46' temporary Coastal MOM250 construction trailer W/ 4 FT TONGUE and 100A electrical panel in the parking lot.

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 Silvast

Online BP.
gsl 4/1/26Approved
RMC
4/13/2026

Address * (This section is required.)

New Search Delete Set Primary

☐ Primary	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>
☐ ☒	12700		Hall Shop	RD	High...	MD	20777				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

☐ Primary	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

☐ Primary	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Co</u>
☐ ☒	The Vestry of St. Marks Church	12700 Hall Shop Rd.			Highland	MD	20777		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Alex

Middle Name

Last Name *

Barber

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Henry H Lewis Contractors LLC

Mobile Phone ((xxx)xxx-xxxx)

(443) 401-3286

E-mail

abarber@lewis-contractors.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

4/1/2026

Due Date

4/15/2026

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Well and Septic

4/1/2026

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

--Select--

Sewage Disposal

--Select--

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

Commercial ▼

Signature Required

☐ Yes ☐ No

Number of paper copies

0

(Number)

Number of buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Plan Version

Initial ▼

Engineer

0

(Text)

Number of mylar copies

0

(Number)

Number of non-buildable lots created

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-- ▼

