

Save Reset Cancel Help

Due 7/22

Approved 7/22/2024
RAE

Record Detail * (This section is required.)

Case #
EH-PLANS-24-0
Type
EnvHealth/Environmental Health/Plan Check/Application
Status
In Review
Opened Date
07/08/2024
Single Entry Edit-View Record Form
Application Name
B24002300
Description
NOV/SFD/ALTERATIONS TO FINISH BASEMENT TO INCLUDE: RECREATION/PLAY AREA, FULL BATH USING EXISTING ROUGH-IN, UNFINISHED STORAGE/UTILITY ROOM, APPROXIMATELY 1,000 SQ FT. SEE CB240436**SMOKE DETECTORS REQUIRED, SUBJECT TO FIELD INSPECTION**

Total Invoiced
0.00
Total Paid
0.00
Balance
0.00

Online BP.
gjb 7/19/24

Assigned to Department Current Department
Well and Septic Progr: v
Assigned to Staff Current User
Zack Silvast v

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/> <input checked="" type="radio"/>	14715		Lear	CT	Glenelg	MD	21737				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> 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

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/> <input checked="" type="radio"/>	Rashid Bajwa	14715 Lear Ct.			Glenelg	MD	21737	410-206-7268	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant v
Primary
Yes v
First Name *
Rashid
Middle Name
Last Name *
Bajwa
Home Phone ((000)XXX-XXXX)
(410) 206-7268

Organization Name

a

Mobile Phone ((XXX)XXX-XXXX)

E-mail

bajwa.rashid@gmail.com

Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
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0 record(s) found.

Custom Fields

DATE TRACKING

Received Date 7/8/2024 Due Date 07/08/2024

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic

7/5/2024

FACILITY INFORMATION

Name of Business (dba) n/a

Associated Building Permit Number

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

Days of Operation 0

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

Facility Email 0

PROPERTY INFORMATION

Water Source Private

Sewage Disposal Private

Design Wastewater Flow 0

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded Total number of open space lots to be recorded

Total number of bulk parcels to be recorded Total number of lots / parcels to be recorded

New buildable lots created Date PLAT signed by Health Officer

(Number)

PLAT 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 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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

Approved 1524002 500
R/R 7/12/2024

