

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Case # EH-PLANS-24-0
Type EnvHealth/Environmental Health/Plan Check/Application
Status In Review
Opened Date 07/24/2024
Application Name B24002737
Description SFD//CONSTRUCT 15X22 SCREENED PORCH AND 10X10 OPEN DECK W/STEPS TO GRADE

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Online BP. Approved.
g& 7/25/24

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

Address (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 12300, Fox Hollow, CT, West..., md, 21794.

Parcel (This section is not required.)

Table with columns: 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.)

Table with columns: 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. Row 1: Peter Dimartino, 12300Fox Hollow Ct., West Friendship, MD, 21794, 410-598-4021, US.

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type Applicant
Primary Yes
First Name Michelle
Middle Name
Last Name Clancy
Home Phone ((XXX)XXX-XXXX)

Organization Name

Applied & Approved Permits LLC
Mobile Phone (443) 340-1229
E-mail MICHELLE@APPLIEDANDAPPROVED.COM
Business Phone

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date 7/24/2024 Due Date 8/7/2024
Dates to Complete 14 Received by Food
Food Review Type Equipment Specification Sheets Submitted
Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic

7/24/2024

FACILITY INFORMATION

Name of Business (dba) NA
Associated Building Permit Number
Owner Switch Date
Does the project include an Aquatic Facility...
Does the project include Private Septic...
Is this a Prototype Food Service Facility...
Facility Fax
Days of Operation
Does this project have a Building Permit?
Building Permit Issued Date
Non-Profit
Does the project include Private Well...
Does the project include Food Services...
Facility Phone
Facility Email

PROPERTY INFORMATION

Water Source Private
Design Wastewater Flow 0
Sewage Disposal Private
Permit Type

PLAT STATS

Total Number of buildable lots to be recorded 0
Total number of open space lots to be recorded 0
Total number of bulk parcels to be recorded 0
Total number of lots / parcels to be recorded 0
New buildable lots created 0
Date PLAT signed by Health Officer
PLAT Type

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

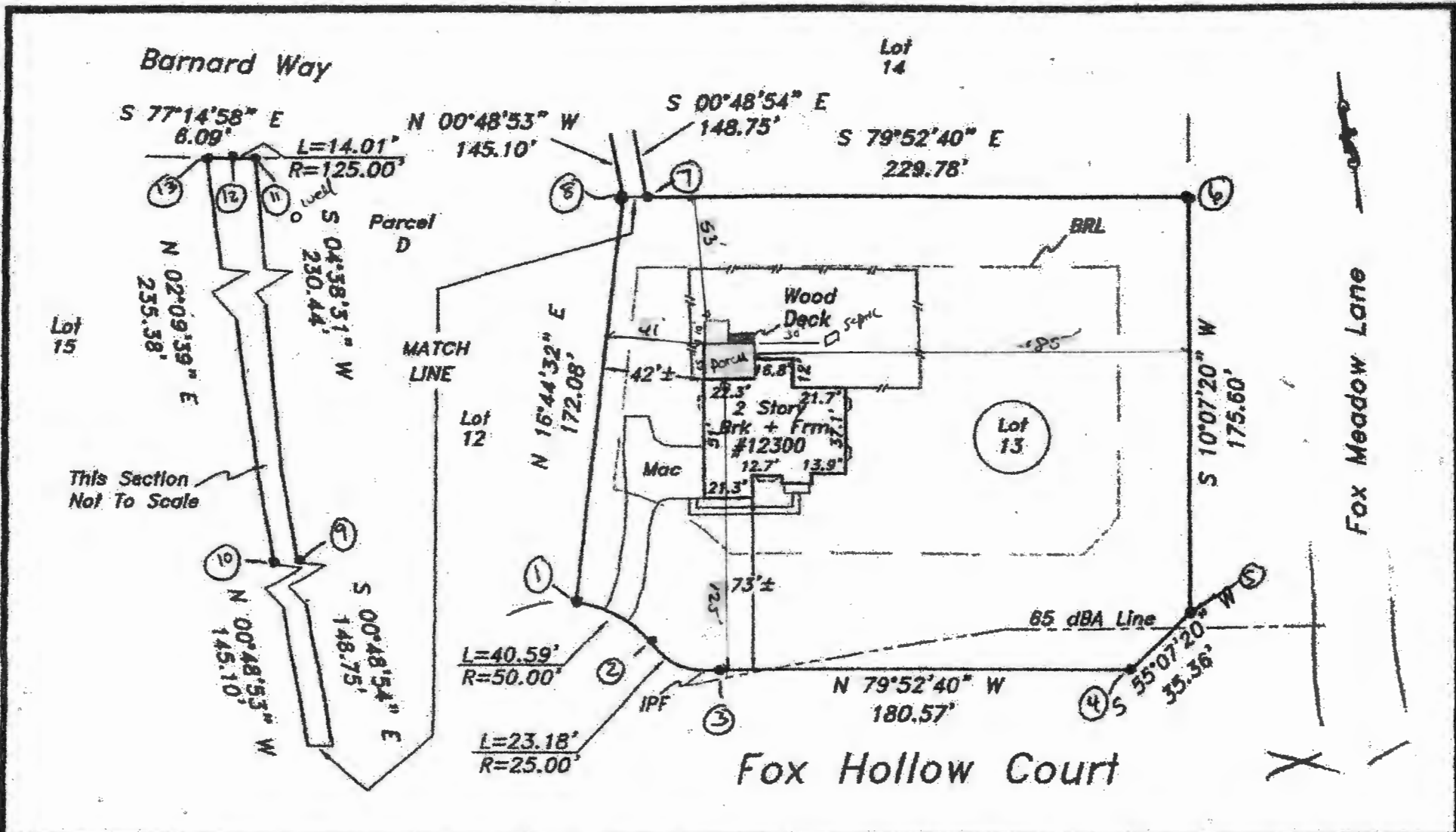
Size and installation of the water heater?  
(Text)

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--

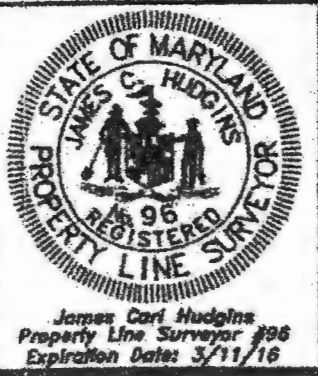


The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:

**LOT 13, as shown on a plat entitled:**  
**FOX CREEK SUBDIVISION**  
 recorded among the land records of Howard County, Maryland in Plat 15647

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.05 of the Code of Maryland Annotated Regulations.

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



**LOCATION DRAWING**  
**12300 Fox Hollow Court**  
**3rd ELECTION DISTRICT**  
**HOWARD COUNTY, MARYLAND**

**NTT Associates, Inc.**  
 16205 Old Frederick Rd.  
 Mt. Airy, Maryland 21771  
 Phone: (410) 442-2031  
 Fax: (410) 442-1315  
 www.nttsurveyors.com

Scale:	1" = 60'
Date:	2/11/2014
Field By:	DR
Drawn By:	DR
File No.:	MD140120
Page No.:	1 of 2