

Approved 12/31/24

-H.O.

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
12/30/2024

Single Entry Edit-View Record Form

Application Name
B24004754

Online BP. g/l 12/31/24

Description
SFD/ CONSTRUCT 43' X 16' DECK WITH 16' X 12' OPEN PORCH ON TOP

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Primary</u>	<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>
<input type="checkbox"/>	<input checked="" type="checkbox"/>						2911		Maple Leaf	WAY	Elli...	MD	21042				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Primary</u>	<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											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Primary</u>	<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>Country/Region</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>				Sridhar Banaka	10717 Hillingdon Rd.			Woodstock	MD	21163	443-829-8905	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 *
Kathleen

Middle Name

Last Name *
Griswold

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Laz Landscaping

Mobile Phone ((XXX)XXX-XXXX)

(443) 925-8927

E-mail

kathleen@lazlandscaping.com 12/26/2024

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
0 record(s) found.							

Custom Fields

DATE TRACKING

Received Date

12/30/2024

Due Date

1/13/2025

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

12/26/2024

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--

DEVELOPMENT PLANS

Property Type

--Select--

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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

DEWASHING 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--

--Select--

--Select--

--Select--

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

Kitchen Cove Base

--Select--

--Select--

Storage - Food Storage Flooring

Storage - Food Storage Cove

--Select--

--Select--

Utensil Washing Area Flooring

Utensil Washing Area Cove

--Select--

--Select--

Dressing / Locker Room Flooring

Dressing / Locker Room Cove

--Select--

--Select--

Toilet Area Flooring

Toilet Area Cove

--Select--

--Select--

Walk-in Refrigerator Flooring

Walk-in Refrigerator Cove

--Select--

--Select--

Kitchen Walls

Utensil Washing Area Walls

--Select--

--Select--

Restroom Walls

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

--Select--

Yes No

Are ceiling rafters exposed ?

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

B. Contour plan included

--Select--

--Select--

C. Top and sectional views provided

Comments

--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

--Select--

1. vertical openings > 1-3/4 inches in width

2. horizontal members on the outside of the fence

--Select--

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

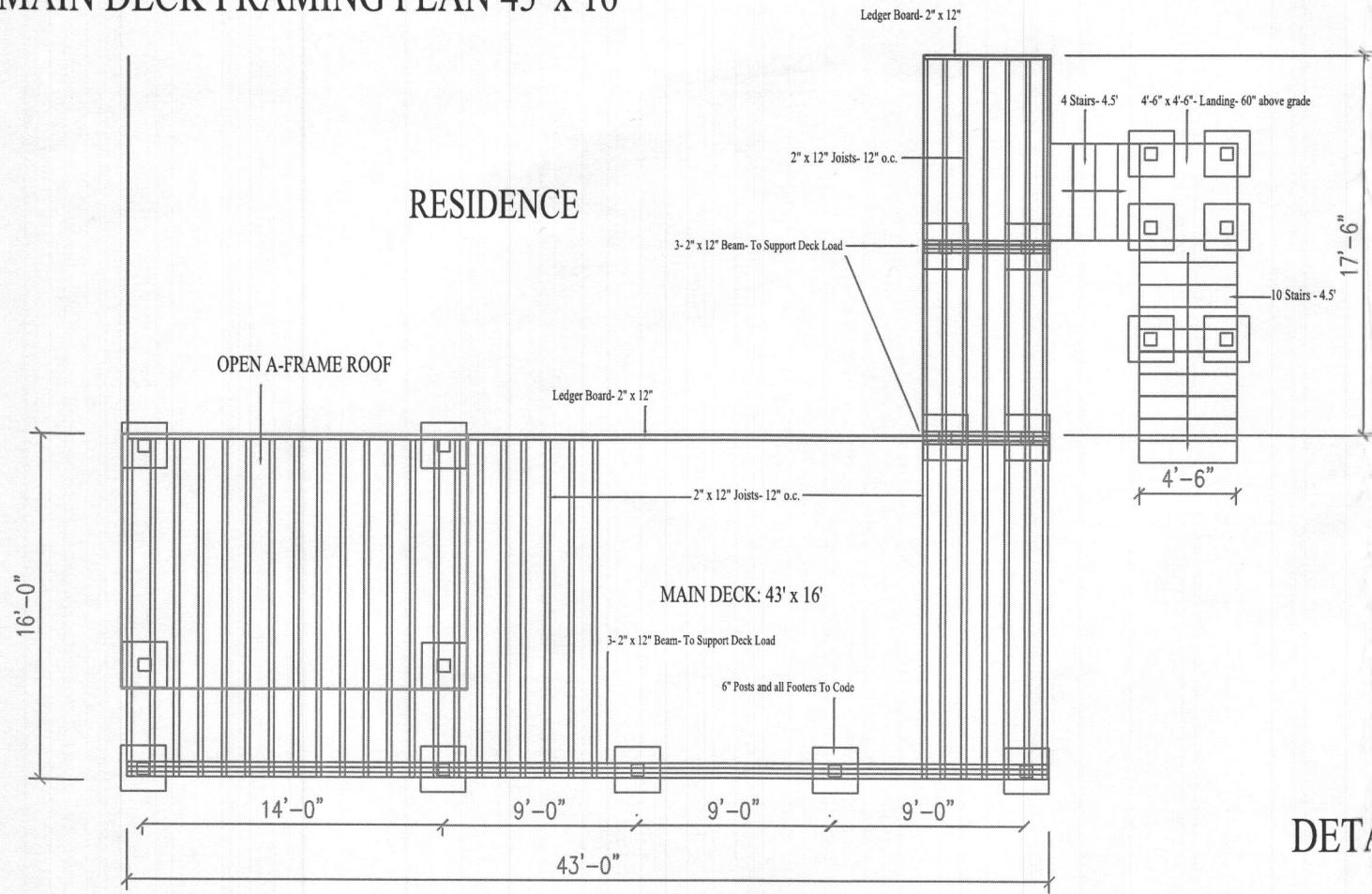
--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

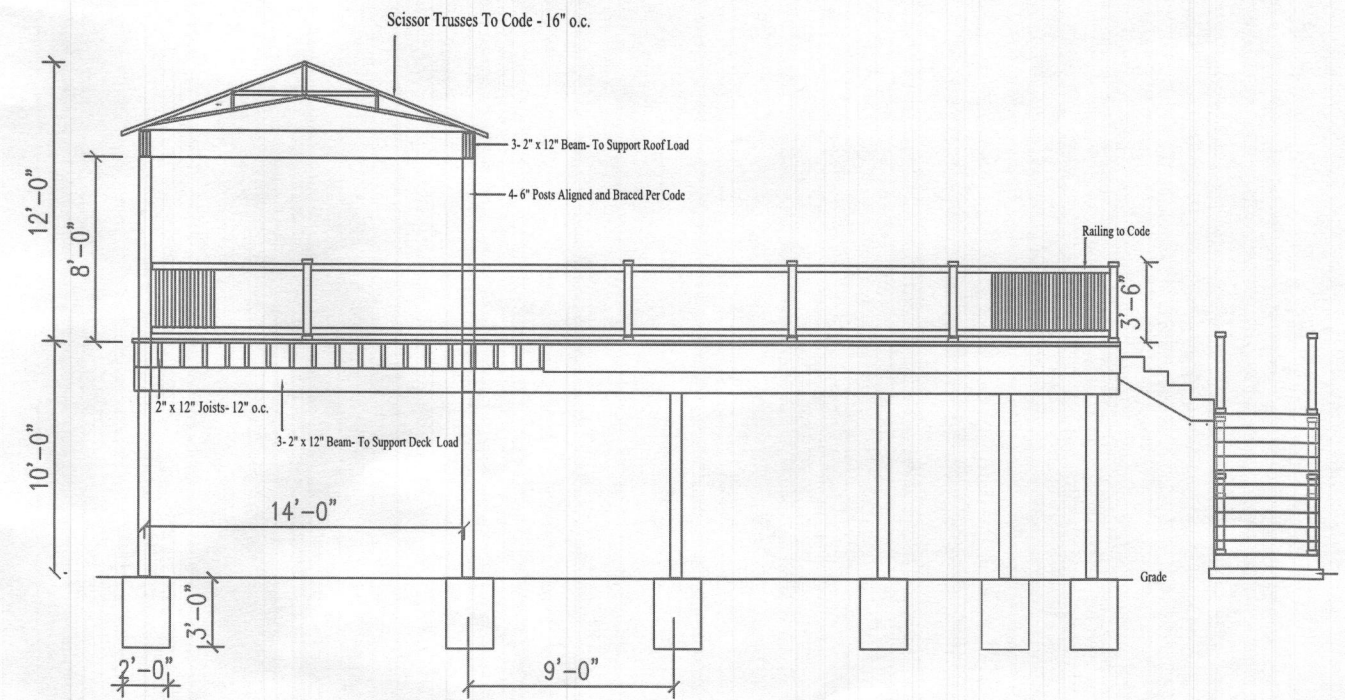
Comments

--Select--

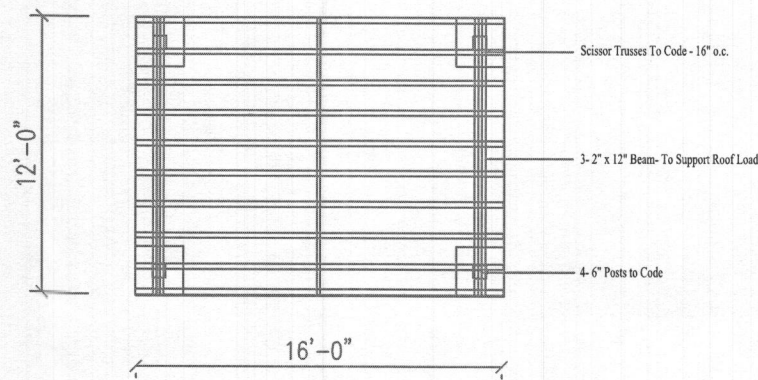
MAIN DECK FRAMING PLAN 43' x 16'



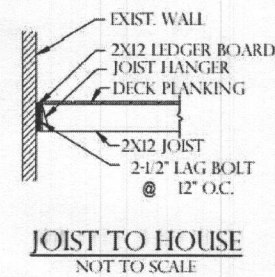
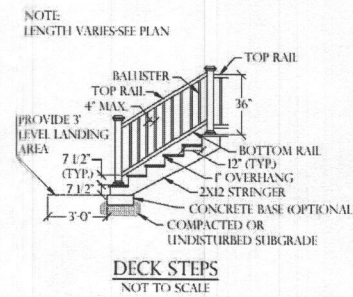
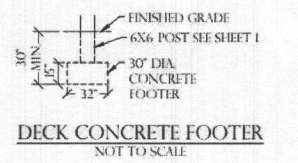
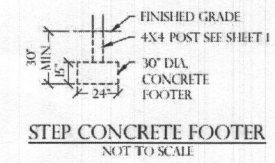
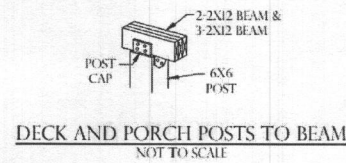
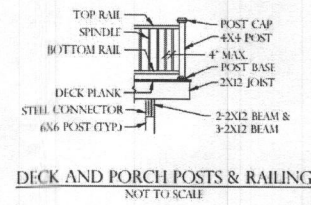
FRONT ELEVATION



ROOF FRAMING- 16' x 12' - Open A Frame



DETAILS



SCALE: 1/8" = 1'
DATE: 12.11.24
Sridhar Banala
2911 Maple Way
Ellicott City MD 21042

