

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

Opened Date

11/10/2025

Single Entry Edit-View Record Form

Application Name

B25005015

Description

SFD/ ALTERATIONS TO FIRST FLOOR DINING ROOM: REMOVE WINDOW TO REPLACE WITH NEW 72" X 80" FRONT ENTRY DOOR. REINFORCE 2 CONCRETE STEPS TO GRADE.

Approved. gjs 11/24/25

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

4255 Linthicum Road

Address \* (This section is required.)

New Search Delete Set Primary

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

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 \*

Yaroslav

Middle Name

Last Name \*

Marusiak

Home Phone ((xxx)xxx-xxxx)

Organization Name \*

All Dwelling Solutions LLC

Mobile Phone ((xxx)xxx-xxxx)

(301) 250-8984

E-mail

IGON469@GMAIL.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

11/10/2025

Due Date

11/25/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

**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--

**WAREWASHING DISHWASHING**

Dishwashing Method

--Select--

**HACCP**

Plan Review Response Letter Received

Yes  No

Date HACCP Approved by the State

(Date)

Date HACCP Plan Submitted

(Date)

HACCP Plan Approved

(Date)

HACCP Plan Review

(Date)

Plan Review Letter Mailed

(Date)

HACCP Plan Revision Submitted

(Date)

HACCP Fee Type

--Select--

**FINISHING SCHEDULE**

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

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--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

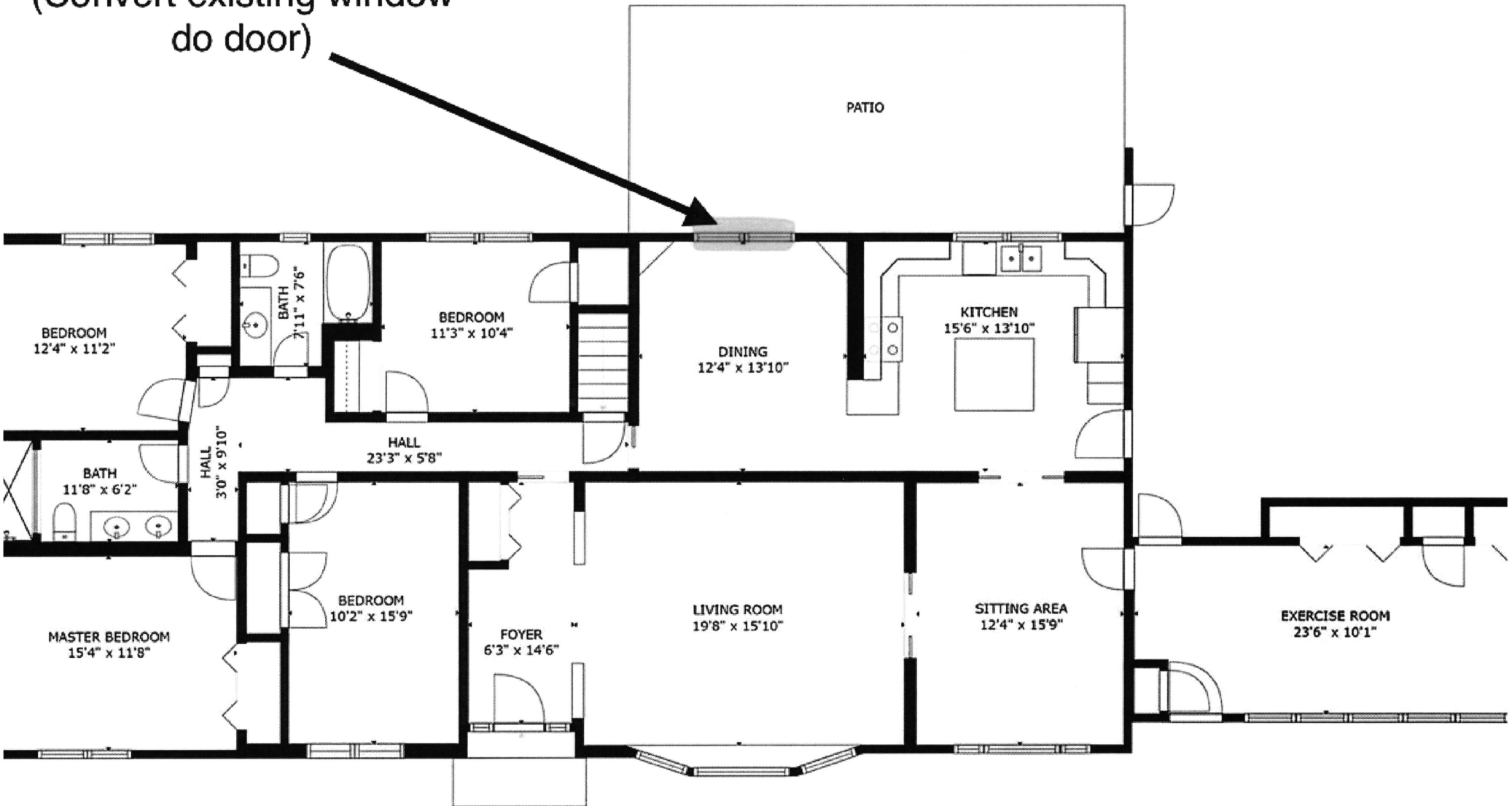
Toilet Area Flooring

--Select--

Toilet Area Cove

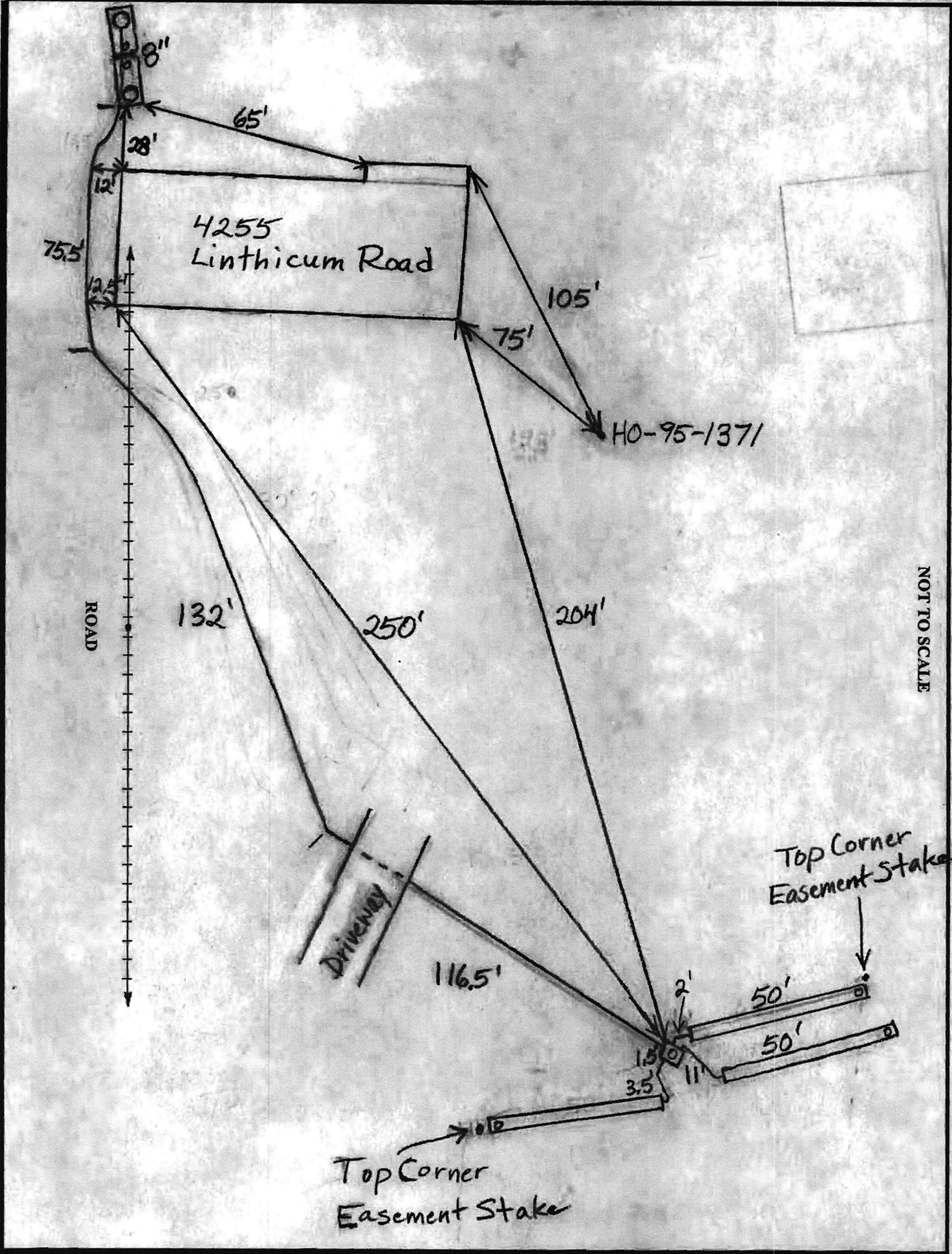
--Select--

Proposed door location  
(Convert existing window  
do door)



GROSS INTERNAL AREA  
FLOOR 1: 1454 sq. ft, FLOOR 2: 2346 sq. ft  
TOTAL: 3800 sq. ft

SIZES AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY.



NOT TO SCALE