

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTER FOR FOOD PROTECTION**

**FACILITY AND PROCESS REVIEW - PLAN REVIEW SUBMISSION FORM**

6 Saint Paul Street, Suite 1301, Baltimore, Maryland 21202  
 410-767-8400 · Fax 410-333-8931 · Toll Free 1-877-4MD-DHMH TTY for Disabled  
 Maryland Relay Service 1-800-735-2258 · Web Site: <http://phpa.dhmh.maryland.gov>

**PROJECT INFORMATION**

<b>Project Name</b>	<b>Project Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code</b>
<b>Project Description (Select Only One)</b>	<b>Facility Type (Select only one)</b>	<b>Applicable Plan Review Fees</b>		
<input type="checkbox"/> Prototype (new construction) <input type="checkbox"/> Prototype (remodel ) <input type="checkbox"/> Processing (new construction) <input type="checkbox"/> Processing (remodel) <input type="checkbox"/> HACCP (Retail prototypes only) <input type="checkbox"/> Equipment <input type="checkbox"/> New Process <input type="checkbox"/> Plan Revision	<input type="checkbox"/> Retail Food Service Facility <input type="checkbox"/> Warehouse <input type="checkbox"/> Processing <input type="checkbox"/> Shellfish <input type="checkbox"/> On-farm Processing (Specify): _____ _____	<input type="checkbox"/> Retail Prototype - \$400 <input type="checkbox"/> Retail HACCP Review -\$200 <input type="checkbox"/> Processing Plant - \$400 <input type="checkbox"/> Manufacturing Plant Operating in a Licensed Facility - \$200 <input type="checkbox"/> Food Warehouse - \$400 <input type="checkbox"/> Process Review Only - \$200 <input type="checkbox"/> Shellfish Plant - \$400 <input type="checkbox"/> On-Farm Home Processing - \$0		

**Scope of Project:** \_\_\_\_\_

**SITE INFORMATION**

If a Retail Food Service Facility, will 2 or more facilities be built from this plan in MD? ** <input type="checkbox"/> Yes <input type="checkbox"/> No ** If yes, submit plans to this office. If no, submit to County Health Dept.	Zoning (select all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Maritime <input type="checkbox"/> Mixed
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal System: <input type="checkbox"/> Public <input type="checkbox"/> Private
Tax Map/Block/Parcel: _____/_____/_____	FEIN _____

**CONTACT INFORMATION**

<b>First Name</b>	<b>Last Name</b>	<b>Company</b>	<b>Position</b>	
			<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter <input type="checkbox"/> HACCP Coordinator	
<b>Address</b>		<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone (    )    -</b>		<b>Email</b>		

**The Following Must Be Provided, If Applicable. Missing/Incomplete Information Will Delay Your Review**

**Retail/Processing- Check all that Apply**

<input type="checkbox"/> Architectural drawings (2 full sets), site and facility layout <input type="checkbox"/> Plumbing diagram <input type="checkbox"/> Finish schedule <input type="checkbox"/> Equipment schedule <input type="checkbox"/> Equipment specification sheets (1 set, numbered in sequence to correspond to list/plan) <input type="checkbox"/> Electrical plan <input type="checkbox"/> Reflected ceiling plan <input type="checkbox"/> Exhaust hood drawings/calculations	<input type="checkbox"/> Mechanical plan (air balance) <input type="checkbox"/> Roof plan/venting <input type="checkbox"/> Elevation drawings <input type="checkbox"/> Menu <input type="checkbox"/> HACCP Plan <input type="checkbox"/> List of all products & Sample labels/packaging (Processing) <input type="checkbox"/> Product flow (Processing) <input type="checkbox"/> Sanitation Standard Operating Procedures (SSOPs)
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**Please Submit Application with your plans along with the applicable payment to:**

Make Check Payable to: DHMH/Environmental Health Bureau, 6 St. Paul Street, Suite 1301, Baltimore, MD 21202

Only checks or money order are accepted

Check number \_\_\_\_\_ Received by \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_