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://ideha.dhmh.maryland.gov

PROJECT INFORMATION

Project Name	Project Address	City	County	Zip Code

Project Description (Select Only One)	Facility Type (Select only one)	For On-farm Processing only (Check all that apply)
□Prototype (new construction) □Prototype (remodel) □Processing (new construction) □Processing (remodel) □HACCP (prototypes only) □Equipment □New Process □Plan Revision	□ Retail Food Service Facility □ Warehouse □ Processing □ On-farm Processing (includes storage of USDA processed meats; check all that apply in column to right)	□Beef □Bison □Pork □Lamb □Chicken □Emu □Other Poultry □Poultry (MDA) □Rabbit (MDA) □Baked Goods □Farmstead Cheese □Milk/Dairy Product □Acidified Foods (specify)_____ □Other (specify) _____ **Where do you intend to sell your products?** □Directly from the Farm □Farmers Market □Retail □Wholesale (to grocery stores, etc…) □Other_____

Scope of Project:_____

SITE INFORMATION

If a Retail Food Service Facility, will 2 or more facilities be built from this plan in MD?** □ Yes □ No ** If yes, submit plans to this office. If no, submit to County Health Dept.	Zoning (select all that apply) □Commercial □Residential □Industrial □Agricultural □Maritime □Mixed
Water Supply: □ Public □ Private	Sewage Disposal System: □ Public □ Private

CONTACT INFORMATION

First Name	Last Name	Company	Position
			□Owner □Architect □Contractor □Expediter □HACCP Coordinator

Address	City/Town	State	Zip Code

Phone ( ) -	Email

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

Retail/Processing- Check all that Apply

- ☐ Architectural drawings (2 full sets), site and facility layout
- ☐ Plumbing diagram
- ☐ Finish schedule
- ☐ Equipment schedule
- ☐ Equipment specification sheets (1 set, numbered in sequence to correspond to list/plan)
- ☐ Electrical plan
- ☐ Reflected ceiling plan
- ☐ Exhaust hood drawings/calculations
- ☐ Mechanical plan (air balance)
- ☐ Roof plan/venting
- ☐ Elevation drawings
- ☐ Menu
- ☐ HACCP Plan
- ☐ List of all products & Sample labels/packaging (Processing)
- ☐ Product flow (Processing)
- ☐ Sanitation Standard Operating Procedures (SSOPs)

Payment (Return with Application) Plan Review Fee: $400.00 (no fee for on farm-processing or meat storage)
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: