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| **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 21202410-767-8400 · Fax 410-333-8931 · Toll Free 1-877-4MD-DHMH TTY for DisabledMaryland Relay Service 1-800-735-2258 · *Web Site:* http://phpa.dhmh.maryland.gov |
| **Project Information** |
| **Project Name** | **Project Address** | **City** | **County** | **Zip Code** |
|  |  |  |  |  |
| **Project Description****(Select Only One)** | **Facility Type** **(Select only one)** | **Applicable Plan Review Fees** |
| □ Prototype (new construction)□ Prototype (remodel )□ Processing (new construction)□ Processing (remodel)□ HACCP (Retail prototypes only)□ Equipment□ New Process□ Plan Revision | □ Retail Food Service Facility□ Warehouse□ Processing □ Shellfish□ On-farm Processing (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Retail Prototype - $300□ Retail HACCP Review -$200□ Processing Plant - $300□ Manufacturing Plant Operating in a Licensed Facility - $200□ Food Warehouse - $300□ Process Review Only - $200□ Shellfish Shipper/Re-shipper - $0□ Shellfish Plant - $300□ 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?\*\* □ 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 |
| Tax Map/Block/Parcel: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | FEIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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*** 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)
* 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 – if applicable

**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 21202Only checks or money order are accepted Check number\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |