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