

MARYLAND DEPARTMENT OF HEALTH

*=**REQUIRED FIELD**

OFFICE OF FOOD PROTECTION

FACILITY AND PROCESS REVIEW - PLAN REVIEW SUBMISSION FORM

6 Saint Paul Street, Suite 1301, Baltimore, Maryland 21202

Phone 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

Establishment Name	Establishment Address	City	County	Zip Code

Project Description and Applicable Fees (Select Only One)

Retail Food Service Facility

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 Local Health Dept.

- Prototype (New construction) - \$300
- Prototype (Remodel) - \$300
- HACCP (Retail prototypes ONLY) - \$200

On-Farm Home Processing

- On-Farm Processing - \$0
- On-Farm Meat Storage- \$0
- Producer Mobile Farmer's Market- \$0

Food Processing and Warehousing

- Food Processing Plant (New Construction) - \$300
- Food Processing Plant (Remodel/Addition) - \$300
- Food Process Review Only - \$200
- Manufacturing Plant Operating in a Licensed Facility - \$200
- Food Warehouse (New Construction) - \$300
- Food Warehouse (Remodel/Addition) - \$300
- Shellfish Processing Plant - \$300
- Shellfish Shipper/Re-Shipper - \$0
- Custom Deer Processing - \$0

Scope of Project: * _____

SITE INFORMATION

Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Zoning (select all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Sewage Disposal System: <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Maritime <input type="checkbox"/> Mixed

CONTACT INFORMATION

Plan Review Contact*		Owner/Operator*
Name		Name
Company Name	POSITION	Company Name
Address	<input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter	Address
City, State, and Zip		City, State, and Zip
Phone #		Phone #
Email		Email

Mail Official Correspondence to (Select Only One): * **Plan Review Contact** **Owner/Operator**

The Following Must Be Provided, If Applicable. Missing/Incomplete Information Will Delay Your Review
Retail/Processing- Check all that Apply

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Architectural drawings (for new construction/ remodel/ additions) <input type="checkbox"/> Include: site and facility layout, reflected ceiling plan, plumbing diagram, mechanical plan (air balance), electrical plan, roof plan/venting, exhaust hood drawings/calculations (if applicable), finish schedule, elevation drawings <input type="checkbox"/> Equipment schedule and equipment specification sheets (one set, numbered in sequence to correspond to list/plan) | <ul style="list-style-type: none"> <input type="checkbox"/> Menu and HACCP Plan <input type="checkbox"/> List of all products (Processing) <input type="checkbox"/> Sample labels/packaging (Processing) <input type="checkbox"/> Product flow (Processing) <input type="checkbox"/> Sanitation Standard Operating Procedures (Processing) <input type="checkbox"/> Recall Plan (Processing) <input type="checkbox"/> Allergen Control Plan (Processing) |
|---|---|

Please Submit Application with your plans along with the applicable payment to:

Make Check Payable to: MDH/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: _____