

Maryland Department of Health
Center for Milk and Dairy Product Safety

APPLICATION TO CONSTRUCT DAIRY FARM FACILITIES

Name of Producer _____ Date _____

Address _____

Phone # _____ Name of Co-op _____

Co-op Field Representative _____

Contractor _____ Contractor Phone # _____

Contractor Address _____

Type of Construction (*Check all that apply*)

____ New Milk House	____ Reconstruction
____ New Milking Parlor	____ Liquid or Solid Waste Storage
____ New Housing Facilities	____ Other (<i>Describe below</i>)

Brief Description of work: _____

*Please see attached "Plan Submittal Guide" for details concerning the plans and specifications that need to be submitted for MDH review and approval **PRIOR** To beginning construction.

Mail completed application and plans to: Center for Milk and Dairy Product Safety, 1500 Pennsylvania Avenue, Hagerstown, MD 21742

For Official Use Only

Plan Approval:

Co-op Field Representative Signature: _____ Date _____

State Sanitarian Signature: _____ Date _____

Installation Approval:

State Sanitarian Signature: _____ Date _____