



**DORCHESTER COUNTY HEALTH DEPARTMENT**

**Environmental Health Food Protection Program  
3 Cedar Street, Cambridge MD 21613**

**Phone: 410-228-1167 Fax: 410-901-8192 Website: [www.dorchesterhealth.org](http://www.dorchesterhealth.org)**

**FOOD ESTABLISHMENT**

**NEW EQUIPMENT REVIEW**

**Establishment Name:** \_\_\_\_\_

**(Former Name-If Applicable:** \_\_\_\_\_)

**Establishment's Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

The Fee for reviewing new equipment is \$25 per piece. This does NOT include like for like replacement of existing equipment.

**Current Operations: Check all that apply. If a new operation is being proposed by the addition of this equipment (e.g. adding hand dipped ice cream) please check that option and indicate NEW)**

- Sit Down Meals
- Take Out Meals
- Caterer
- Mobile Unit
- Commercially pre-sealed, pre-packed items which require refrigeration ( Ex: Milk, bacon, prepackaged deli meats)
- Beverage Prep Only
- Hand Dipped Ice Cream

**I have submitted plans/applications (if applicable) to the following authorities: \_\_Plumbing \_\_Electric  
\_\_Planning & Zoning \_\_Building \_\_Fire Marshall**

**SITE INFORMATION**

**Water Supply:**  Public  Private

**Sewage Disposal System:**  Public  Private

- Grease Trap: New
- Grease Trap: Existing
- Grease Trap: Not Applicable –(Provide documentation from appropriate authority)

**CONTACT INFORMATION**

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

Plan Review Contact	Owner/Operator
Name:	If Same As Plan Review Contact Check Here: ___ Name:
Mailing Address:	Mailing Address:
City:	City:
State:                      Zip:	State:                      Zip:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:
<b>Check One:</b> <input type="radio"/> Contractor <input type="radio"/> Architect <input type="radio"/> Expediter/Kitchen Designer	

**The Following Information Must Be Provided. Missing/Incomplete Information Will Delay Your Review. Additional Information May Be Requested.**

- Equipment specification sheets for each piece to be installed.
- Plans drawn (to scale) showing the site of the proposed installation.
- Menu and HACCP Plan updates if a new process or menu item is being introduced.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with COMAR 10.15.03 Regulations Governing "Food Service Facilities". Do not begin construction nor purchase any equipment until final approval is granted. Failure to comply may result in disapproval & removal of purchased equipment or materials. Changes made after submitting the original plans will delay the plan review process. Changes made after an approval is granted may void the approval. Upon approval of the final plans and a satisfactory final preopening inspection, you may apply for a food service facility permit.