



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

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

PROJECT INFORMATION

Establishment Name: _____

(Former Name-If Applicable: _____)

Establishment's Physical Address: _____

City: _____ Zip Code: _____

Project Description and Applicable Fees (Select Only One)

- New facility construction - \$150
- Remodel of existing facility - \$75

Proposed Operations: Check all that apply

- 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.

Proposed Days/Time of Operation: _____

Proposed Number of Seats: _____ Proposed Number of Staff: _____ (Maximum per shift)

I have submitted plans/applications (if applicable) to the following authorities: __Plumbing __Electric
__Planning & Zoning __Building __Fire Marshal

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:
Check One: <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.

- Floor Plans (To Scale):
 - Include: site and facility layout, plumbing diagram, electrical plan, exhaust hood drawings/calculations (if applicable), finish schedule for walls, floors, ceilings.
- Equipment schedule and equipment specification sheets (one set, numbered in sequence to correspond to submitted floor plan)
- Menu and HACCP Plan
- Standard Operating Procedures

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.