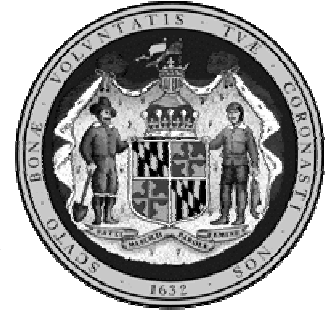




Calvert County Health Department
Division of Environmental Health
Food and Community Protection Program
Food Facility Plan Review Submittal Form



Date: _____

AP#: _____

PROJECT:

Facility Name: _____

Address of the Proposed Facility:

Description of Work: [] New Construction [] Remodel/Repair [] Addition [] Prototype

Plan Review Materials Submitted (all must be submitted): []

- [] Food Facility Permit Application [] HACCP (Food Safety Plan) and Menu
[] 2 Complete Sets of Architectural Plans [] Equipment Specifications Seating Capacity _____

APPLICANT:

Applicant's Name: _____ Telephone #: _____

Facility Owner: _____ Telephone #: _____

Owner's Address _____

Architect: _____ Telephone #: _____

Signature of Applicant: _____

Maryland State Prototype Approval (as applicable): Date Approved _____ (must provide a copy of the approval letter and Maryland State stamped plans)

OFFICIAL USE ONLY

Action:

- [] Plan Approved by the Bureau of Utilities _____ Date: _____
[] Denied/Awaiting Revision
[] Approved with contingencies
[] Approved
[] Inspection Completed/Operating Permit Issued _____ Date: _____
_____ Date: _____

Lisa A. Laschalt, R.S.
Food and Community Protection Program Supervisor

(Applications, Plan Review Guidelines, and HACCP Forms may be obtained at www.calverthealth.org)