



CALVERT COUNTY
HEALTH
DEPARTMENT

Division of Environmental Health
Plan Review and HACCP Submission Form
205 Main Street, P.O. Box 980, Prince Frederick, MD 20678
410-535-3922
www.calverthealth.org

Establishment Name	Address	City	Zip Code

Project Description and Applicable Fees (Select One from Each Column)

<input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Renovation <input type="checkbox"/> Alteration <input type="checkbox"/> Equipment Change(s) <input type="checkbox"/> HACCP Review	<input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Convenience Store <input type="checkbox"/> School <input type="checkbox"/> Catering Facility <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bakery <input type="checkbox"/> Institution <input type="checkbox"/> Carry-out Only <input type="checkbox"/> Other _____	<input type="checkbox"/> New Construction - \$490.00 <input type="checkbox"/> Remodel/Renovation - \$490.00 <input type="checkbox"/> Alteration - \$145.00 <input type="checkbox"/> Equipment Change(s) - \$75.00 <input type="checkbox"/> HACCP Review - \$125.00
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Scope of Project: _____

Will 2 or more facilities be built using this plan in Maryland? Yes No

If YES, please contact Maryland Department of Health Facility & Process Review. 410-767-8400 or <https://health.maryland.gov/phpa/OEHFP/OFPCHS/Pages/plan-review.aspx>

Site Information

Water Supply: Public Private (Well) **Sewage Disposal System:** Public Private (Septic)

Contact Information

Plan Review Contact	Owner/Operator Contact
Point of Contact:	Name:
Company Name:	Company Name:
Email:	Email:
Phone Number:	Phone Number:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:

Mail Official Correspondence to: Plan Review Contact Owner/Operator

The Following Items Must Be Provided, if Applicable. Missing or Incomplete Submittals will Delay Your Review

<input type="checkbox"/> 2 Sets of architectural drawings (New Construction and Renovations/Remodels) <input type="checkbox"/> Include the following: site and facility layout, reflected ceiling plan, plumbing diagram, electrical plan, roof plan/venting, and exhaust hood drawings must include calculations <input type="checkbox"/> Finish schedule (Flooring, Wall, Baseboard, Ceiling) <input type="checkbox"/> Equipment schedule and specification sheets	<input type="checkbox"/> Plumbing diagram <input type="checkbox"/> Menu and HACCP Plan <input type="checkbox"/> Standard operating procedures (SOPs) <input type="checkbox"/> Product labels (if required) <input type="checkbox"/> Food application (no fee required at time of submittal) <input type="checkbox"/> Grease interceptor information (size and location)
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Please submit application with your plans and all required items along with applicable payment to address listed above. Make check or money order payable to Calvert County Health Department.

Applicant Signature: _____ **Date:** _____

Office Use Only

Received on: _____ Received By: _____ Fee Paid: _____