



Baltimore County Department of Health
 Division of Environmental Health Services
 9100 Franklin Square Drive, Suite 230 | Baltimore, MD 21237
 Phone: 410-887-3663 | Fax: 410-887-3392 | Email: ehs@baltimorecountymd.gov

APPLICATION FOR PLAN REVIEW

To: Baltimore County Department of Health

Date: _____

Building Permit Number: _____
(if applicable)

Have plans been submitted to the Department of Permits, Approvals and Inspections (PAI)? YES NO

Plans Review Type:

- Food Service Facility Swimming Pool/Spa Health Care Facility

Scope of work: *(see attached definitions on page 3)*

- New Construction Remodel/Original Owner Remodel/Change of Owner Equipment Replacement

Food Risk Assessment Preview *(check all that apply):*

- Food prepared from raw state Serving only commercially prepared food
 Prepared foods, held less than four hours and leftovers discarded Complex process which includes a combination of any of the following: cook, hot hold, cold hold, cool, reheat

In order to better serve you and others desiring plans review approval, a minimum of 14 days is needed to conduct a thorough review of food plans and 30 days for review of pool and health care facilities plans. When the initial review has been conducted, you will be sent a letter regarding the status of the plans.

PLEASE COMPLETE, COPY AND SUBMIT APPLICATION

(Use the specific type Guidelines for Plans Review Submittals)

Name of Facility: _____

Address of Facility: _____

Owner's Name: _____

Contact Person's Name for Correspondence: _____

Contact Person's Phone Numbers: _____ (work) _____ (cell)

Contact Person's Fax Number & Email Address: _____ (fax) _____ (email)

Address for Correspondence: _____

Property Tax Account #: _____

Describe your proposed operations (if additional space is needed submit another page)

Water: Public Private Sewer: Public Private

Grease Recovery: Yes No If Yes, type: _____

Interior Seating: Yes, # of seats _____ No

Outside Seating: Yes, # of seats _____ No

Will you provide catering? Yes No Onsite Offsite

Plans Review Submittal Checklist

The applicable information must be provided to the Baltimore County Department of Health with all plan review submittals. Missing items or incomplete information will delay project approval. Please check all items included with your submittal. See attached fee schedule.

- Plan Review Fee \$_____
- Plan Review Application
- Electrical Plan
- Facility/Equipment Layout (To Scale)
- Finish Schedule (Floors/Walls/Ceiling)
- Cut Sheets (Numbered in Sequence)
- Facility Menu and HACCP Plan
- One Full Set Plans (Architectural, plumbing, mechanical, electrical) to include air balance schedule, scaled and labeled fixture layout, etc. Reflected Ceiling Plan
- Plumbing Diagram and Riser
- Equipment List
- Exhaust Hood Drawings/Calculations
- Sanitation Standard Operating Procedures (SSOPs)

Additional Requirements for State Plan Review of Prototype Plans

- State Approved HACCP Plan
- State Plan Review Approval Letter

Submitted by: (Signature) _____ (Print Name) _____ Date _____

Organization/Company _____

Title _____ Phone Number _____

FOR OFFICIAL USE ONLY

Service Request #: SR _____ Program Element Code: _____

Packet Complete: _____ Date: _____
Health Department Representative

Packet Incomplete
Applicant Notified by Email/Fax: _____ Date: _____
Health Department Representative