

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTER FOR FOOD PROTECTION
FACILITY AND PROCESS REVIEW - PLAN REVIEW SUBMISSION FORM**

6 Saint Paul Street, Suite 1301, Baltimore, Maryland 21202
410-767-8400 · Fax 410-333-8931 · Toll Free 1-877-4MD-DHMH TTY for Disabled
Maryland Relay Service 1-800-735-2258 · Web Site: <http://ideha.dhmh.maryland.gov>

PROJECT INFORMATION

Project Name	Project Address	City	County	Zip Code
Project Description (Select Only One)	Facility Type (Select only one)	For On-farm Processing only (Check all that apply)		
<input type="checkbox"/> Prototype (new construction) <input type="checkbox"/> Prototype (remodel) <input type="checkbox"/> Processing (new construction) <input type="checkbox"/> Processing (remodel) <input type="checkbox"/> HACCP (prototypes only) <input type="checkbox"/> Equipment <input type="checkbox"/> New Process <input type="checkbox"/> Plan Revision	<input type="checkbox"/> Retail Food Service Facility <input type="checkbox"/> Warehouse <input type="checkbox"/> Processing <input type="checkbox"/> On-farm Processing (includes storage of USDA processed meats; check all that apply in column to right)	<input type="checkbox"/> Beef <input type="checkbox"/> Bison <input type="checkbox"/> Pork <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken <input type="checkbox"/> Emu <input type="checkbox"/> Other Poultry <input type="checkbox"/> Poultry (MDA) <input type="checkbox"/> Rabbit (MDA) <input type="checkbox"/> Baked Goods <input type="checkbox"/> Farmstead Cheese <input type="checkbox"/> Milk/Dairy Product <input type="checkbox"/> Acidified Foods (specify) _____ <input type="checkbox"/> Other (specify) _____ Where do you intend to sell your products? <input type="checkbox"/> Directly from the Farm <input type="checkbox"/> Farmers Market <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale (to grocery stores, etc...) <input type="checkbox"/> Other _____		

Scope of Project: _____

SITE INFORMATION

If a Retail Food Service Facility, will 2 or more facilities be built from this plan in MD? ** <input type="checkbox"/> Yes <input type="checkbox"/> No ** If yes, submit plans to this office. If no, submit to County Health Dept.	Zoning (select all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Maritime <input type="checkbox"/> Mixed
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal System: <input type="checkbox"/> Public <input type="checkbox"/> Private

CONTACT INFORMATION

First Name	Last Name	Company	Position	
			<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter <input type="checkbox"/> HACCP Coordinator	
Address		City/Town	State	Zip Code
Phone () -		Email		

The Following Must Be Provided, If Applicable. Missing/Incomplete Information Will Delay Your Review

Retail/Processing- Check all that Apply

<input type="checkbox"/> Architectural drawings (2 full sets), site and facility layout <input type="checkbox"/> Plumbing diagram <input type="checkbox"/> Finish schedule <input type="checkbox"/> Equipment schedule <input type="checkbox"/> Equipment specification sheets (1 set, numbered in sequence to correspond to list/plan) <input type="checkbox"/> Electrical plan <input type="checkbox"/> Reflected ceiling plan <input type="checkbox"/> Exhaust hood drawings/calculations	<input type="checkbox"/> Mechanical plan (air balance) <input type="checkbox"/> Roof plan/venting <input type="checkbox"/> Elevation drawings <input type="checkbox"/> Menu <input type="checkbox"/> HACCP Plan <input type="checkbox"/> List of all products & Sample labels/packaging (Processing) <input type="checkbox"/> Product flow (Processing) <input type="checkbox"/> Sanitation Standard Operating Procedures (SSOPs)
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Payment (Return with Application) Plan Review Fee: \$400.00 (no fee for on farm-processing or meat storage)
Make Check Payable to: DHMH/Environmental Health Bureau, 6 St. Paul Street, Suite 1301, Baltimore, MD 21202
Only checks or money order are accepted Check number _____ Received by _____

Applicant Signature: _____

Date: _____

