



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

**Somerset County Health Department**  
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Health Officer Danielle Weber, MS, RN

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

PLAN REVIEW FEE: \$250

\_\_\_\_\_ NEW \_\_\_\_\_ REMODEL

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Type of Service (check): Full Service \_\_\_\_ Take Out \_\_\_\_ Caterer \_\_\_\_ Mobile Vendor \_\_\_\_ Other \_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

**Please enclose the following documents:**

\_\_\_\_\_ Proposed Menu

\_\_\_\_\_ Manufacturer Specification Sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, and mechanical ventilation

\_\_\_\_\_ Equipment Schedule



Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_