

## Somerset County Health Department

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Health Officer: Danielle Weber, MS, RN

## FOOD SERVICE FACILITY PLAN REVIEW APPLICATION

- Major Plan Review (New Construction, Remodel or Materially Altered) Fee: \$300
- O Minor Plan Review (Equipment Change, Menu Change, or Process Change) Fee: \$200
- O Change of Ownership (Equipment and Menu Remain Unchanged) Fee: \$100
  - No fee will be assessed to a bona fide nonprofit organization as defined by COMAR 10.15.03.02.

Facility Name:		Facility Phone:		
		Facility Email:		
Facility Address:				
Mailing Address:				
Contact Person:		Contact Phone:		
		Contact Email:		
Owner:		Owner Phone:		
		Owner Email:		
Projected Start Date:	Projected Completion:	Seating Capacity:	Number Of Staff Per Shift:	
Type of Service:		Water Supply:	Sewage Disposal:	
O Full Service	O Mobile Vendor	O Public	O Public	
O Take Out	O Caterer	O Private	O Private	
<ul> <li>A scale drawing/p</li> <li>Plan should includ storage/disposal,</li> <li>Equipment list wit</li> <li>Manufacturer specent</li> <li>Proposed menu, H</li> </ul>	O Other or plan review, the following an of the proposed facility. We the materials for interior fir and equipment placement. In make and model number. Cification sheets for all equip HACCP plan and Standard Op ement if facility is a mobile un	nishing, lighting, plumbing, ment identified on the plan erating Procedures.	ventilation system, trash	
Applicant Name (Printe	d):		Title:	

Applicant Signature: \_\_\_\_