

**CARROLL COUNTY HEALTH DEPARTMENT  
FOOD SERVICE FACILITY PLAN REVIEW APPLICATION**

290 South Center Street, Westminster, Maryland 21157  
410-876-8400 · Fax 410-876-4430 · Toll Free 1-800-966-3877  
Web Site: [www.cchd.maryland.gov](http://www.cchd.maryland.gov)

**PROJECT INFORMATION**

<b>Establishment Name</b>	<b>Establishment Address</b>	<b>City</b>	<b>Zip Code</b>

**Project Description and Applicable Fees (Select Only One)**

Will 2 or more facilities be built from this plan in MD?\*  Yes  No  
 \* If yes, submit plans to; Maryland Department of Health, Office of Food Protection (410-767-8400)  
 \*If no, please select from below:

Note: State and County food facilities are fee exempt

- Food Service Facility Plans (New) - \$100
- Food Service Facility Plans (Remodel ) - \$100
- HACCP Plan Review - \$75
- Bonafide Non-Profit Plan Review – Fee Exempt

**Scope of Project:** \_\_\_\_\_

**SITE INFORMATION**

**Water Supply:**  Public  Private      **Sewage Disposal System:**  Public  Private      **Number of Seats:** \_\_\_\_\_

**CONTACT INFORMATION**

<b>Plan Review Contact</b>		<b>Owner/Operator</b>
Name		Name
Company Name	POSITION	Company Name
Address	<input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter	Address
City, State, and Zip		City, State, and Zip
Phone #		Phone #
Email		Email

**Mail Official Correspondence to (Select Only One):**  **Plan Review Contact**     **Owner/Operator**

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Architectural drawings (for new construction/ remodel/ additions)</li> <li><input type="checkbox"/> Include: site and facility layout, reflected ceiling plan, plumbing diagram, mechanical plan (air balance), electrical plan, roof plan/venting, exhaust hood drawings/calculations (if applicable), finish schedule, elevation drawings</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Equipment schedule and equipment specification sheets (one set, numbered in sequence to correspond to list/plan)</li> <li><input type="checkbox"/> Menu and HACCP Plan</li> <li><input type="checkbox"/> List of all products (Manufacturing Foods at Retail)</li> <li><input type="checkbox"/> Sample labels/packaging (Manufacturing Foods at Retail)</li> </ul> |
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**Please Submit Application with your plans along with the applicable payment to:**

Make Check Payable to: Carroll County Health Department, 290 South Center Street, Westminster, Maryland 21157  
*Checks, Money order, Cash and Credit Accepted*

Applicant Signature: \_\_\_\_\_

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