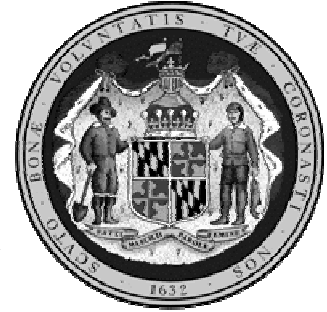




Calvert County Health Department  
Division of Environmental Health  
Food and Community Protection Program  
Food Facility Plan Review Submittal Form



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

AP#: \_\_\_\_\_

**PROJECT:**

Facility Name: \_\_\_\_\_

Address of the Proposed Facility:  
\_\_\_\_\_  
\_\_\_\_\_

Description of Work:  New Construction     Remodel/Repair     Addition     Prototype

Plan Review Materials Submitted (*all must be submitted*):

- Food Facility Permit Application       HACCP (Food Safety Plan) and Menu
- 2 Complete Set of Architectural Plans     Equipment Specifications      Seating Capacity \_\_\_\_\_

**APPLICANT:**

Applicant's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner's Address \_\_\_\_\_

Architect: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Maryland State Prototype Approval (as applicable): Date Approved \_\_\_\_\_ (must provide a copy of the approval letter and Maryland State stamped plans)

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**OFFICIAL USE ONLY**

**Action:**

- Plan Approved by the Bureau of Utilities \_\_\_\_\_ Date: \_\_\_\_\_
- Denied/Awaiting Revision
- Approved with contingencies
- Approved
- Inspection Completed/Operating Permit Issued \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Lisa A. Laschalt, R.S.  
Food and Community Protection Program Supervisor

(Applications, Plan Review Guidelines, and HACCP Forms may be obtained at [www.calverthealth.org](http://www.calverthealth.org))