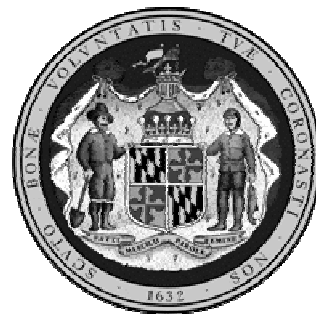




Calvert County Health Department  
Division of Environmental Health  
Food and Community Protection Program  
Food Facility Plan Review Submittal Form



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))