



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

Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258
Health Officer: Danielle Weber, MS, RN

FOOD SERVICE FACILITY PLAN REVIEW APPLICATION

- Major Plan Review (New Construction, Remodel or Materially Altered) – **Fee: \$300**
- Minor Plan Review (Equipment Change, Menu Change, or Process Change) – **Fee: \$200**
- Change of Ownership (Equipment and Menu Remain Unchanged) – **Fee: \$100**

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: <input type="radio"/> Full Service <input type="radio"/> Mobile Vendor <input type="radio"/> Take Out <input type="radio"/> Caterer <input type="radio"/> Grocery <input type="radio"/> Other _____		Water Supply: <input type="radio"/> Public <input type="radio"/> Private	Sewage Disposal: <input type="radio"/> Public <input type="radio"/> Private
For either a major or minor plan review, the following documents MUST be included with this application: <ul style="list-style-type: none"> A scale drawing/plan of the proposed facility. Plan should include the materials for interior finishing, lighting, plumbing, ventilation system, trash storage/disposal, and equipment placement. Equipment list with make and model number. Manufacturer specification sheets for all equipment identified on the plan. Proposed menu, HACCP plan and Standard Operating Procedures. Commissary agreement if facility is a mobile unit. 			

Applicant Name (Printed): _____ Title: _____

Applicant Signature: _____ Date: _____

All fees are due at time of application and are a non-refundable filing and processing fee.