



Baltimore County Department of Health  
Division of Environmental Health Services  
9100 Franklin Square Drive, Suite 230 | Baltimore, MD 21237  
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## APPLICATION FOR PLAN REVIEW

To: Baltimore County Department of Health

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

Building Permit Number: \_\_\_\_\_  
(if applicable)

Have plans been submitted to the Department of Permits, Approvals and Inspections (PAI)? ☐ YES ☐ NO

### Plans Review Type:

☐ Food Service Facility

☐ Swimming Pool/Spa

☐ Health Care Facility

### Scope of work: (see attached definitions on page 3)

☐ New Construction ☐ Remodel/Original Owner ☐ Remodel/Change of Owner ☐ Equipment Replacement

### Food Risk Assessment Preview (check all that apply):

☐ Food prepared from raw state

☐ Serving only commercially prepared food

☐ Prepared foods, held less than four hours  
and leftovers discarded

☐ Complex process which includes a combination of any  
of the following: cook, hot hold, cold hold, cool, reheat

In order to better serve you and others desiring plans review approval, a minimum of 14 days is needed to conduct a thorough review of food plans and 30 days for review of pool and health care facilities plans. When the initial review has been conducted, you will be sent a letter regarding the status of the plans.

## PLEASE COMPLETE, COPY AND SUBMIT APPLICATION

(Use the specific type Guidelines for Plans Review Submittals)

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

Address of Facility: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contact Person's Name for Correspondence: \_\_\_\_\_

Contact Person's Phone Numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Contact Person's Fax Number & Email Address: \_\_\_\_\_ (fax) \_\_\_\_\_ (email)

Address for Correspondence: \_\_\_\_\_

Property Tax Account #: \_\_\_\_\_

Describe your proposed operations (if additional space is needed submit another page)

**Water:** ☐ Public ☐ Private **Sewer:** ☐ Public ☐ Private

**Grease Recovery:** ☐ Yes ☐ No If Yes, type: \_\_\_\_\_

**Interior Seating:** ☐ Yes, # of seats \_\_\_\_\_ ☐ No

**Outside Seating:** ☐ Yes, # of seats \_\_\_\_\_ ☐ No

**Will you provide catering?** ☐ Yes ☐ No ☐ Onsite ☐ Offsite

### Plans Review Submittal Checklist

The applicable information must be provided to the Baltimore County Department of Health with all plan review submittals. Missing items or incomplete information will delay project approval. Please check all items included with your submittal. See attached fee schedule.

- |   |  |
|---|--|
| <input type="checkbox"/> Plan Review Fee \$_____                | <input type="checkbox"/> One Full Set Plans (Architectural, plumbing, mechanical, electrical) to include air balance schedule, scaled and labeled fixture layout, etc. |
| <input type="checkbox"/> Plan Review Application                | <input type="checkbox"/> Reflected Ceiling Plan  |
| <input type="checkbox"/> Electrical Plan                        | <input type="checkbox"/> Plumbing Diagram and Riser  |
| <input type="checkbox"/> Facility/Equipment Layout (To Scale)   | <input type="checkbox"/> Equipment List  |
| <input type="checkbox"/> Finish Schedule (Floors/Walls/Ceiling) | <input type="checkbox"/> Exhaust Hood Drawings/Calculations  |
| <input type="checkbox"/> Cut Sheets (Numbered in Sequence)      | <input type="checkbox"/> Sanitation Standard Operating Procedures (SSOPs)  |
| <input type="checkbox"/> Facility Menu and HACCP Plan           |  |

#### Additional Requirements for State Plan Review of Prototype Plans

- ☐ State Approved HACCP Plan ☐ State Plan Review Approval Letter

Submitted by: (Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Organization/Company \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Service Request #: SR \_\_\_\_\_ Program Element Code: \_\_\_\_\_

Packet Complete: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Department Representative

Packet Incomplete  
Applicant Notified by Email/Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Department Representative