



WORCESTER COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Return to: Worcester County Health Department, Office of Environmental Health
13070 St. Martin's Neck Rd. Bishopville, MD 21813
Phone: 410-352-3234 or 410-641-9559

Type of Plans Submitted and Fee:

- New Construction (High/Moderate) \$275
- Remodel/Materially Altered (COMAR 10.15.03.33) \$150
- Mobile Unit (High/Moderate) \$275
- New Construction (Low/Prepackaged) \$150
- Ventilation Hood Review (Separate Packet) \$135
- Mobile Unit (Low/Prepackaged) \$150

Facility Name: _____ Former Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Name of Owner: _____ Phone Number: _____ Email: _____

Mailing Address: _____

Contact/Project Manager Name: _____ Phone Number: _____ Email: _____

Mailing Address: _____

Anticipated Start Date: _____ Anticipated Date of Completion: _____

Exhaust Ventilation System Fabricator/Manufacturer: _____

Email: _____ Phone: _____

Type of Service (Check all that apply):

- Full Service
- Carry Out
- Bar/Tavern/Nightclub
- Mobile Vendor
- Nonprofit Kitchen
- Grocery/market
- Bakery
- Confections
- Institutions
- Other _____

I have submitted plans/applications (if applicable) to the following authorities:

- Plumbing
- Electric
- Planning & Zoning
- Building
- Fire Marshal

By signing below, you are acknowledging the following items:

- You must check with other agencies to determine how many sets of plans that will require Health Department approval.
- Plans are not forwarded to this agency by any other agency nor are plans sent from this agency to any other agency.
- Plan approval expires one year from the date of approval. Please contact this office if an extension is required.
- **FOR MOBILE UNITS ONLY: ALL MOBILE UNITS WILL REQUIRE APPROVAL FROM EITHER A LOCAL APPROVING AUTHORITY OR A THIRD PARTY INSPECTION AGENCY FOR PLUMBING, ELECTRICAL AND FIRE PROTECTION PRIOR TO FINAL INSPECTION.**

Applicant Signature: _____ Date: _____

Office Use Only

Date Received: _____ Fee: _____ Receipt: _____ Received by: _____