



**WASHINGTON COUNTY HEALTH DEPARTMENT**

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

**Food Service Facility Plan Review Application**

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

Select one:

- New Facility**
- Remodel of Existing Facility**

Select one:

- Restaurant**
- Institution**
- Retail Market**

Name of Proposed Food Service Facility: \_\_\_\_\_

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

Facility Telephone, if available: \_\_\_\_\_

Owner/Licensee Name: \_\_\_\_\_

Owner/Licensee Mailing Address: \_\_\_\_\_

Owner/Licensee Telephone: \_\_\_\_\_

Building Owner Name & Address (If different): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Title (owner, manager, architect, etc): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_

Plans and specifications are to be completed by an engineer and/or architect:

- Equipment listing- manufacturer and model number, descriptive brochures, cut sheets. NSF approved/listed or equivalent
- Floor plan- should be drawn to scale or dimension, illustrating layout and arrangement of all equipment by an architect and/or engineer
- Construction materials and finish schedules-floor, wall, and ceiling coverings
- Plumbing - indicate each plumbing fixture, illustrate and describe waste drains at required locations
- Water supply and sewage disposal plan information - Well, Septic System, Public Water or Public Sewer
- Exhaust Hoods/Ventilation- if hoods are needed, submit detailed drawing specification and calculations. See note #8. If char-broilers are planned, installation must be in compliance with applicable regulations governing air quality. Include air specifications and drawings.
- Lighting Layout - Lighting plan should include layout & arrangement of all layout fixtures
- Trash storage - submit details explaining type of trash storage to be used, room construction, compactor or container, storage location, and frequency of pickups. Describe facilities for cleaning containers and disposal of the waste water.
- Submit a menu and HACCP plan (Hazard Analysis Critical Control Points).
- Seating capacity

**Copy of building permit application must accompany plans.**

**Fee: \$100.00 New food service facility  
\$ 50.00 Remodel of existing food service facility**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Office Use Only**

Receipt Number \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_