

SOMERSET COUNTY HEALTH DEPARTMENT  
7920 CRISFIELD HIGHWAY  
WESTOVER, MD 21871

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

\_\_\_\_\_NEW      \_\_\_\_\_REMODEL

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

Name of Establishment: \_\_\_\_\_

Type of Service (check): Full Service\_\_ Take out\_\_ Caterer\_\_ Mobile Vendor\_\_ Other\_\_

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

Facility Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

**Please enclose the following documents:**

\_\_\_ Proposed Menu

\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, and mechanical ventilation

\_\_\_ Equipment Schedule

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Signature(s) \_\_\_\_\_

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