



**DORCHESTER COUNTY HEALTH DEPARTMENT**

**Environmental Health Food Protection Program**

**3 Cedar Street, Cambridge MD 21613**

**Phone: 410-228-1167 Fax: 410-901-8192 Website: [www.dorchesterhealth.org](http://www.dorchesterhealth.org)**

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**PROJECT INFORMATION**

**Establishment Name:** \_\_\_\_\_

**(Former Name-If Applicable:** \_\_\_\_\_ **)**

**Establishment's Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Project Description and Applicable Fees (Select Only One)**

- New facility construction - \$150
- Remodel of existing facility - \$75
- Equipment addition: \$25

**Proposed Operations: Check all that apply**

- Sit Down Meals
- Take Out Meals
- Caterer
- Mobile Unit
- Commercially pre-sealed, pre-packed items which require refrigeration ( Ex: Milk, bacon, prepackaged deli meats)
- Beverage Prep Only
- Hand Dipped Ice Cream.

**Proposed Days/Time of Operation:** \_\_\_\_\_

**Proposed Number of Seats:** \_\_\_\_\_ **Proposed Number of Staff:** \_\_\_\_\_ **(Maximum per shift)**

**I have submitted plans/applications (if applicable) to the following authorities: \_\_Plumbing \_\_Electric  
\_\_Planning & Zoning \_\_Building \_\_Fire Marshall**

**SITE INFORMATION**

**Water Supply:**  Public  Private

**Sewage Disposal System:**  Public  Private

- Grease Trap: New
- Grease Trap: Existing
- Grease Trap: Not Applicable –(Provide documentation from appropriate authority)

**CONTACT INFORMATION**

Mail Official Correspondence to (Select Only One):  Plan Review Contact  Owner/Operator  Both

Plan Review Contact	Owner/Operator
<b>Name:</b>	<b>If Same As Plan Review Contact Check Here: ___</b> <b>Name:</b>
<b>Mailing Address:</b>	<b>Mailing Address:</b>
<b>City:</b>	<b>City:</b>
<b>State:                      Zip:</b>	<b>State:                      Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>
<b>Check One:</b> <input type="radio"/> Contractor <input type="radio"/> Architect <input type="radio"/> Expediter/Kitchen Designer	

**The Following Information Must Be Provided. Missing/Incomplete Information Will Delay Your Review. Additional Information May Be Requested.**

- Floor Plans (To Scale):
  - Include: site and facility layout, plumbing diagram, electrical plan, exhaust hood drawings/calculations (if applicable), finish schedule for walls, floors, ceilings.
- Equipment schedule and equipment specification sheets (one set, numbered in sequence to correspond to submitted floor plan)
- Menu and HACCP Plan
- Standard Operating Procedures

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with COMAR 10.15.03 Regulations Governing "Food Service Facilities". Do not begin construction nor purchase any equipment until final approval is granted. Failure to comply may result in disapproval & removal of purchased equipment or materials. Changes made after submitting the original plans will delay the plan review process. Changes made after an approval is granted may void the approval. Upon approval of the final plans and a satisfactory final preopening inspection, you may apply for a food service facility permit.



# DORCHESTER COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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3 Cedar Street  
Cambridge, MD 21613

410-228-1167  
FAX: 410-901-8192

William C. Forlifer, R.S.  
Director

Roger L. Harrell, MHA  
Health Officer

## GUIDELINES FOR SUBMITTING PLANS FOR RETAIL FOOD SERVICE FACILITIES

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a food facility is constructed, remodeled, or materially altered, or before an existing structure is converted or remodeled for use as a food facility.

The following information must be included in plans submitted to this office:

1. **FLOOR PLANS:** A drawing in horizontal section of the proposed facility drawn to scale.
2. **FINISH SCHEDULE:** Specify by area. Finishes must be smooth, easily cleanable, durable, and non-absorbent.
  - A. Floors: Specify materials to be used. Flooring must be commercial grade.
  - B. Base: Specify coving or floor-wall juncture to be sealed by other acceptable method.
  - C. Walls: Specify material and finish.
  - D. Ceilings: Specify material and finish.
  - E. Piping/Conduits: Specify that all piping, conduit and similar construction will be located inside a wall, otherwise enclosed, or installed and minimum  $\frac{3}{4}$  inch space from wall.
3. **DOORS:** Specify that all doors to the outside are tight fitting and self-closing.
4. **LIGHTING:** Specify type of lighting, foot-candles, and type of shielding.
5. **KITCHEN VENTILATION HOOD SYSTEM(S):** Plans and specification for any proposed hood system should include:
  - A. The manufacturer's name and the hood model number;
  - B. Hood material construction;
  - C. Hood drawing in horizontal section (plan view) drawn to scale which indicates size of hood, size and location of exhaust and supply

- collars and plenums, and location and size of equipment associated with the hood;
- D. Hood drawing in section view which indicates the arrangement of the grease or condensate removal system, the exhaust and supply plenums, and the filter support framework;
  - E. Type, number, size, material of construction, effective area, and manufacturer's recommended velocity range of all grease removal devices;
  - F. Exhaust and supply volumes at the calculated static loss;
  - G. A list of equipment under the hood and specifications to include maximum temperature;
  - H. Documentation of the hood listings such as National Sanitation Foundation Standard 2, Underwriter's Laboratories Standard 710, and American National Standard/National Fire Prevention Association Standard 96, and;
  - I. Exhaust and supply fan model numbers and fan performance curves.

6. TOILET FACILITIES: Specify location on plans.

- A. Public restrooms that are accessible without entering food preparation, storage or utensil washing areas are required for on-premise consumption.
- B. Mechanical ventilation (2 cfm per square foot area minimum) that is exhausted directly to the outside is required.
- C. Doors must be self-closing.
- D. Women's bathrooms require covered trash can.

7. HANDWASHING FACILITIES: Indicate location on plans. Hand washing sinks are required in toilet facilities and in each preparation or utensil washing area. Each lavatory must have hot and cold (or tempered) running water, soap, and a hand-drying device. Common towels are not permitted. Additional hand sinks will be required if the distance between food handling or dishwashing area and a hand sink is more than 20 feet.

8. EQUIPMENT:

- A. Submit a complete list of the proposed food equipment with manufacturer and model number or provide manufacturer's specification sheets. All equipment must be NSF approved, or approved by a comparable testing organization.
- B. For custom-built equipment by an NSF listed manufacturer, specify "Custom- to be built by applicable standards," and specify the manufacturer's name. Shop drawings may be required.

- C. For custom-built equipment by a non- NSF listed manufacturer, submit complete shop drawings showing intended compliance with applicable NSF standards.
- D. Floor plan: Show equipment either sealed to adjacent surfaces, on casters, or spaced an approvable distance from the wall.
- E. Specify that all floor-mounted equipment will be placed on NSF approved 6" legs, NSF approved casters, or properly sealed to the floor. Indicate that all counter mounted equipment weighing in excess of 80 pounds will be placed on NSF approved 4" legs or sealed to all adjacent surfaces.
- F. Shelving for walk-in refrigerators or freezers must be constructed of non-corrosive materials; e.g. stainless steel, aluminum, vinyl coated.
- G. Shelving intended for storage or holding of foods or utensils should be a minimum of 18 inches from the floor.
- H. Submit shop drawings for all food guards.

9. **UTENSIL WASHING:** A commercial dishwasher and/or three compartment sink is required. Integral drain boards are required on both ends of the three-compartment sink. The compartments must be of sufficient size to accommodate ½ of the largest utensil to be washed-rinsed-sanitized.

10. **PLUMBING:** A plumbing layout and/or riser diagram which indicates the proposed location of all fixtures such as hand sinks, toilets, utility sinks, floor drains, floor sinks, hose stations, hub drains, and backflow prevention devices.

- A. Indirect connections are required as follows:
  - 1. Dishwashing machines, utensil and food sinks, refrigerators, steam kettles, potato peelers, ice machines, walk-ins, and all food service equipment generating waste water.
  - 2. Show open site drain provided with an air gap.
  - 3. Indicate separate drain lines from each compartment of three compartment sinks to an open site drain.
- B. All submerged water inlets and hose bib connections must be protected by a properly installed vacuum breaker or other acceptable backflow prevention device.

11. **STORAGE:** Specify shelving materials and finishes. Note: Exposed storage of food and utensils is prohibited less than 18" from the floor.

12. **UTILITIES:** Specify public or private water supply and sewage disposal system.

13. REFUSE STORAGE: Note the type of storage facilities on plans. Specify that the outside storage container will be leak-proof, rodent-proof, and located on a paved surface or a concrete pad.

14. MOP SINK: Specify location on plans. Utensil washing sinks, food preparation sinks, or mop sinks may not be used as hand sinks.

15. MENU and HACCP PLAN: Submit menu and HACCP plan. See *Guidelines for Submitting a Hazard Analysis Critical Control Point Plan*.

16. OPERATIONS MANUAL: Include quality control measures, written procedures for employee training for food safety and HACCP, and a cleaning schedule.

Additional information may be required based on a review of the plans. Acceptable plans will be approved in writing. If the plans cannot be approved, the owner/designer will be notified in writing.

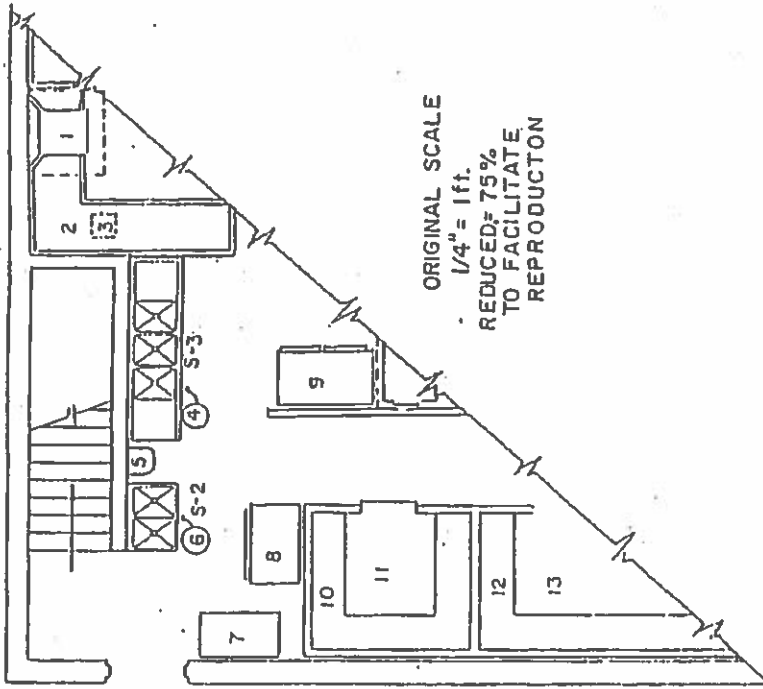
Submit the plans and required information to:  
**Dorchester County Health Department**  
**Environmental Health Division**  
**3 Cedar Street**  
**Cambridge, MD 21613**

**As of July 1, 2013, the fees for plan reviews are as follows:**  
**New facility: \$150**  
**Remodel of existing food service facility: \$75**  
**Equipment addition: \$25**

A copy of the *Code of Maryland Food Facility Regulations, COMAR 10.15.03* may be obtained in this office, or viewed online at <http://www.dsd.state.md.us/comar/subtitlesearch.aspx?search=10.15.03>

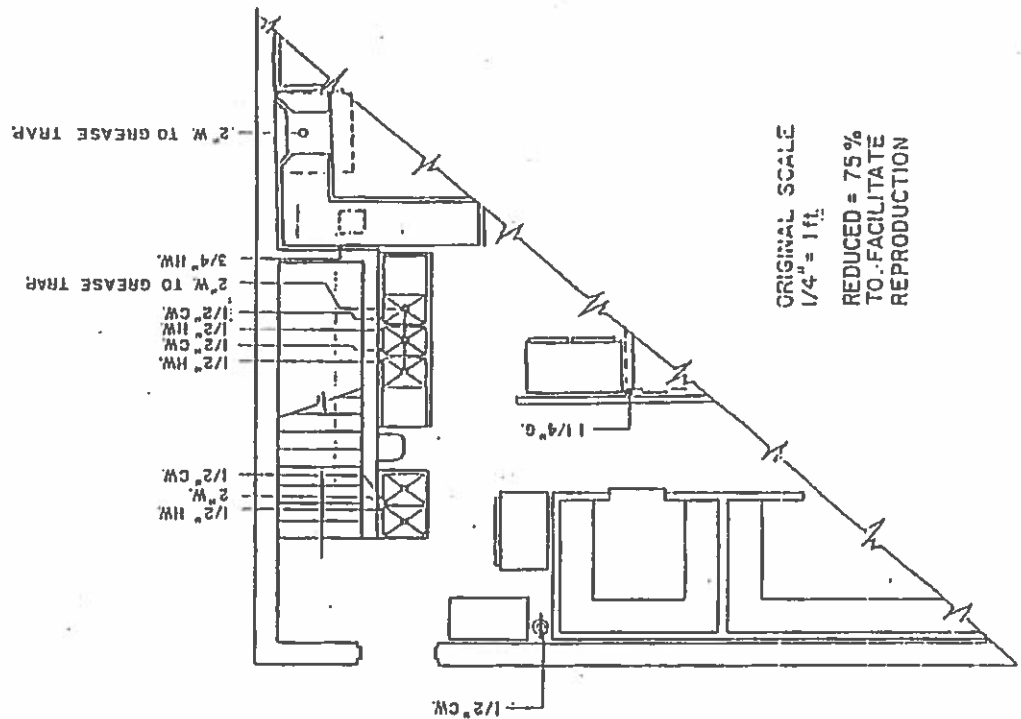
Contact the Dorchester County Health Department, Environmental Health Division at 410- 228-1167 if you have questions regarding these requirements.

SAMPLE FLOOR PLAN  
EQUIPMENT LAYOUT



ORIGINAL SCALE  
1/4" = 1ft.  
REDUCED 75%  
TO FACILITATE  
REPRODUCTION

SAMPLE FLOOR PLAN  
PLUMBING LAYOUT



ORIGINAL SCALE  
1/4" = 1ft.  
REDUCED = 75%  
TO FACILITATE  
REPRODUCTION

