



Application for Food Service Facility Plan Review

Please read carefully and submit all required information. Failure to do so will result in the rejection of your plans and delay the plan review process. Allow for a minimum of 30 days from the receipt of a completed application to be processed. Submittals are retained by this department as part of the permanent record. Please note that plans are not forwarded to this department by any other agency.

New Construction Remodel Materially Altered (COMAR 10.15.03.33)

Plan Review Fee: \$150.00

Proposed Facility Name: _____

Former Facility Name (if applicable): _____

Facility 911 Address: _____

Facility Phone: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Property Owner Name: _____ Phone: _____

Number of seats: _____ Number of staff (total): _____

General Contractor: _____

Plumber: _____

Electrician: _____

Projected Start Date of Project: _____

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment.

Submitting incomplete plans will delay the plan review process. Please address every item that applies to your food service operation.

When submitting this application, include the following documents:

	\$150.00 Plan Review Fee
	Proposed Menu, including seasonal, off-site and catering menus
	Scaled site plan showing location of building on site, dumpsters, well and septic system
	One set of manufacturer equipment specification sheets for all equipment to be used in the establishment.
	Completed SOP packet and copy of SOP signature page
	Completed HACCP plan
	Complete set of plans, drawn to scale (recommended ¼ inch scale). Plans must include the following:
	List of all equipment and schedule showing locations of equipment
	Plumbing plan showing hot and cold water supply, waste lines from fixtures, water heater location, floor drains and sink locations
	Electric plan and/or lighting plan identifying lighting installments
	Interior room finish schedule (coverings and/or finishes for floors, walls and ceilings)
	Kitchen exhaust ventilation plans, including drawings
	Hand sinks with soap and towel provisions
	Warewashing facilities and food preparation sinks
	Restrooms/Toilet facilities
	Storage rooms/areas for food
	Mop sink/cleaning facilities
	Chemical storage area
	Employee storage area/change rooms
	Mobile Units: Waste Disposal Contract
	Mobile Units: Contract or letter from proposed base of operation

Tell us about your facility:

Type of Food operation: Restaurant Institution Caterer Commissary
 Retail Food Store Mobile Other _____

Indicate any of the following **highly susceptible populations** that you may be catering to or serving:

Nursing Home Assisted Living Center Day Care Center Health Care Facility
Pre-school aged children or an immunocompromised population Other _____

Anticipated Hours/Days of Operation:

	Hours	
	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Projected Daily Meal Volume:

Meals (provide number)	Breakfast	Lunch	Dinner

Type of Service (COMAR 10.15.03.33)

1. Check all of the food processes that you propose to utilize:

- Cook, Cool, Reheat, Hold Hot and Serve
- Cook, Hold Hot and Serve
- Cook and Serve
- Cold Hold and Serve
- Commercially prepackaged foods
- Open foods including:
 - Fountain soda machine
 - Hand dipped ice cream
 - Coffee

Number of Indoor Dining Seats: _____ Number of Outdoor Dining Seats: _____

Food Delivery Information:

Anticipated frequency of frozen food delivery: _____

Anticipated frequency of refrigerated food delivery: _____

Anticipated frequency of dry food delivery: _____

Specialized Processes: Provide a *separate* HACCP plan for each specialized process you plan to implement.

Indicate any specialized process that will take place:

- Curing Acidification (sushi, etc) Fermentation Smoking
Live Molluscan Shellfish/Lobster Tank Custom Processing of Meats Sprouting
Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill)
Other:_____

Explain your plan if any of the above are checked:

Utilities (COMAR 10.15.03.18)

1. Water Supply

Public water supply

Private water supply

- Private water must be sampled for bacterial and chemical analysis. The sampling frequency is dependent on the type of facility that is proposed and on an evaluation of the well. Results must be evaluated by this department for compliance. Depending on the type of facility proposed, the water supply may be required to be monitored under the Transient Non Community Public Water Supply program.
- Is there a treatment device proposed or present for the water supply? Yes No
- If yes, list type of treatment: _____

Water Heater:

- Tank type:
 - a. Manufacturer and model: _____
 - b. Storage Capacity : _____ gallons
 - c. Input rating: Electric _____ kilowatts (kW) Gas _____ BTU
- Tankless:
 - a. Manufacturer and model : _____
 - b. Number of tankless water heaters: _____
 - c. Input rating: _____ BTU

2. Sewage Disposal

Public Sewer

On Site Sewage Disposal (Septic System)

- Contact this department prior to submitting plans to discuss the appropriate course of action for evaluation of the sewage disposal. Please be aware that additional applications and fees may apply.

Where will the grease trap/interceptor be located? _____

Utensil Washing (COMAR 10.15.03.16)

1. A NSF approved 3-compartment sink with coved basins and integral dual drain boards **or** an NSF approved dishwasher is required.
2. All discharge lines on a 3-compartment sink must be indirectly drained and provided with at least a 1-inch air gap.
3. The 3-compartment sink must be adequately sized to accommodate the largest piece of equipment.
4. Provide the length, width and depth of the compartments of the sink: _____
5. What sanitizer will be used for manual warewashing?
Chlorine Quaternary Ammonium Sink & Surface
6. Is a dish machine proposed?
Yes
No
If yes, which type of sanitization is proposed?
Chemical
High temperature sanitization
 - A ventilation hood is required for high temperature sanitization

Pest Control (10.15.03.20)

Describe method of pest control for this facility:

Menu (COMAR 10.15.03.10F &.33)

1. Submit proposed menu, including seasonal dishes, off-site and catering menus.
2. Refer to COMAR 10.15.03.10(F) for details regarding undercooked and raw animal food products.

Hazard Analysis Critical Control Point (HACCP) Plan (COMAR 10.15.03.33&.34)

HACCP guidelines are available from this office, on our website at www.talbothealth.org/food-protection-program

Required Format and Specifications for Scaled Floor Plans (COMAR 10.15.03.33)

The scaled drawing of the proposed facility must identify the layout and arrangement of work areas and the location of all equipment.

1. Accurately draw floor plan to a minimum scale of 1 inch = 4 feet.
2. Locate all seating.
3. Locate and label each piece of equipment with its common name.
4. Locate exterior doors.
5. Locate all shelving, including in any walk-in units, in dry storage areas, and in custodial areas.
6. Locate all hand sinks-including in the restroom, utensil wash areas, and food preparation areas.
7. Locate all food preparations sinks and 3 compartment sinks.
8. Locate toxic chemical storage area.
9. Locate personal storage area.
10. Locate mop sink & custodial storage areas.
11. Locate all open site drains and water heater. Indicate if open site drain is a floor drain.
12. Locate all indoor garbage & refuse storage containers.
13. Locate all restrooms.

Required Format and Specifications for Scaled Site Plans

1. Accurately draw site plan to a minimum scale of 1 inch = 40 feet.
2. If applicable, locate any private wells, septic systems, and grease traps.
3. Locate exterior garbage & refuse storage containers.
4. Locate building.
5. Locate driveways and parking areas.
6. Locate main road.

Interior Finishes/Surfaces (COMAR 10.15.03.21&.33)

1. Submit a finish schedule for all areas of the facility.
2. In general, all finishes must be smooth, durable, non-absorbent and easily cleanable.
3. Finishes must be grease resistant in grease producing areas.
5. All floor to wall junctures must be closed and sealed and/or provided with a coved base in all food preparation areas.
6. Drop ceiling panels should be non-perforated and not backed with fiberglass.
7. Sample materials may be required.
8. Piping, conduit and other similar construction that is located outside of the wall must be installed so that there is a minimum of 3/4 of an inch space between the piping, conduit or other similar construction and the wall.
9. If water cleaning is proposed for any floor, including walk-in units, the floor must be graded to a floor drain.

Lighting (COMAR 10.15.03.22 & .33)

1. All lights in food preparation areas and in utensil wash areas must be shielded.
2. Lighting in all food preparation areas must be a minimum of 50 foot candles at the work surface.
3. Lighting in all other areas must be a minimum of 20 foot candles at 30 inches above the floor.
4. Indicate the proposed type of lighting for each area (i.e. fluorescent, incandescent, strip, etc.).
5. Indicate the proposed type of light shields for each area.

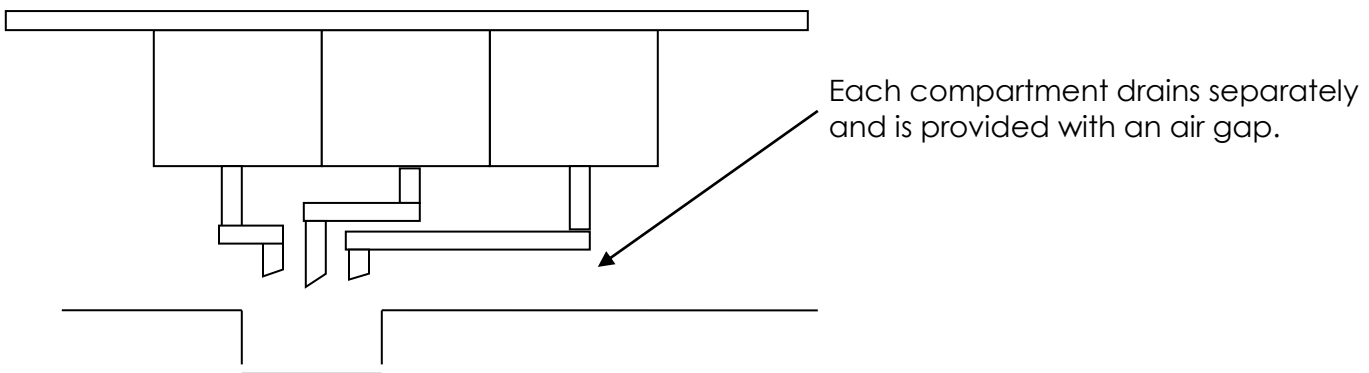
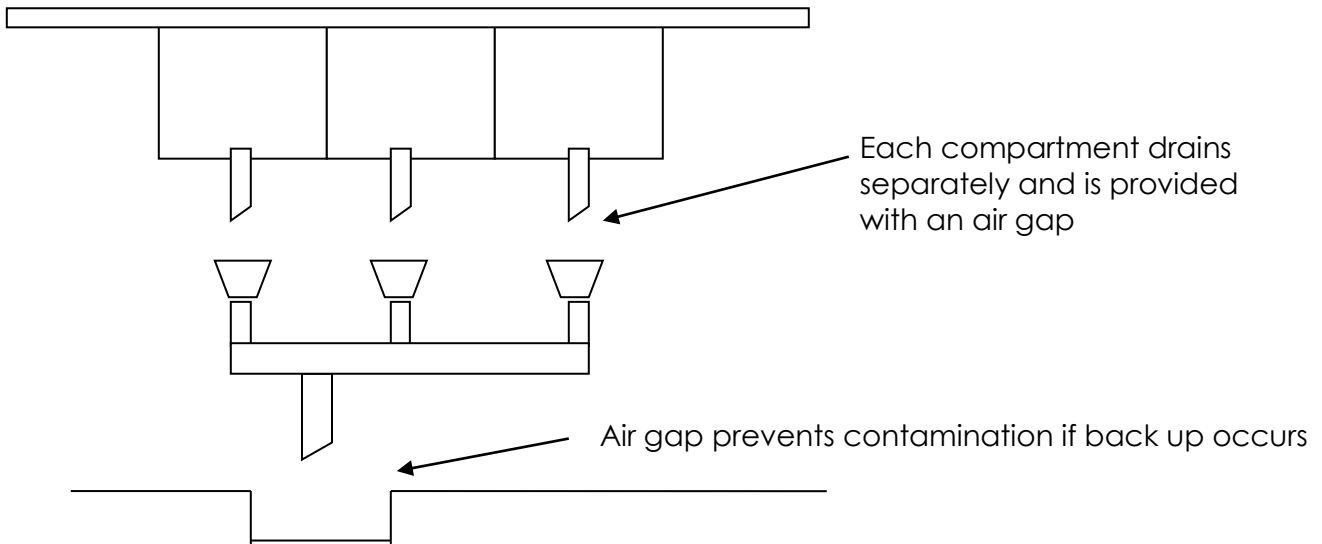
Ventilation (COMAR 10.15.03.22 & .33)

1. Submit shop drawings for all cooking ventilation.
2. Include filter placement type, plenum air chamber, duct openings, c.f.m. of fan, gauge of materials, etc.
3. Specify sources of make up air.
4. Specify the minimum overhang required for the proposed type of hood.
5. If a char-broiler surface is 5 square feet or greater, approval must be obtained from Air Management Administration.
6. A hood is required for any open cooking, high temperature sanitization dish machines, and for some heat producing equipment, such as a large pizza oven.
7. Grease hoods must be NSF approved and if UL tested, must provide at least the minimum exhaust according to the UL 710 listing.

Plumbing (COMAR 10.15.03.18)

1. All plumbing must meet the applicable Plumbing Code.
2. Overhead wastewater lines are prohibited in food preparation and storage areas.
3. The water heater must be sufficiently sized to accommodate the facility. Contact a Master Plumber for assistance in determining adequacy of the water heater.
4. All spigots, including outside spigots and mop sinks, must be installed in a manner that prevents back flow or backsiphonage.
5. An indirect waste line is required in any situation where foods or food contact equipment is placed. The following require indirect drains: 3 compartment sinks, preparation sinks, ice machines, steam kettles, potato peelers, condensate lines and hand sinks located in a food preparation counter
6. A grease trap is required when grease is generated. If proposed facility is on public sewer contact applicable jurisdiction for details regarding evaluation, installation and sizing. If proposed facility has a septic system, contact this department for evaluation and any further requirements.
7. Dishwashers require a pressure gauge immediately upstream from the final rinse control valve.

Examples of proper 3 Compartment sink plumbing:



Doors (COMAR 10.15.03.20)

1. All exterior doors must be self closing and tight fitting.
2. Any opening into the building must be less than ¼ inch.
3. Screens must be a minimum of 16-mesh to the inch.

Equipment (COMAR 10.15.03.15 & .33)

1. Identify each piece of equipment indicated on the corresponding floor plan.
2. All equipment must be NSF certified or equivalent.
3. Submit manufacturer and model number for each piece of equipment.
4. Submit corresponding manufacturer sheets for each piece of equipment.
5. Include shop drawings for custom built equipment.
6. Identify if equipment is new or used.
 - Used equipment must be inspected for compliance.
7. Identify if equipment is on NSF approved casters, 4 inch legs (for table top equipment), 6 inch legs, or sealed to all adjacent surfaces.
8. Portable equipment which weigh in excess of 80 lbs that is not installed on casters must be spaced from adjacent surfaces as follows:

Equipment Length	Minimum Spacing
• <2 feet	6 inches
• 2-4 feet	8 inches
• 4-6 feet	12 inches
• >6 feet	18 inches

If the minimum spacing cannot be met, then the equipment must be sealed to all adjacent surfaces or installed on NSF approved casters.
10. Shelving must be constructed of a non-corrosive material in all moisture producing areas such as in walk-in units. It is recommended that a material such as vinyl coating is utilized.
11. Shelving intended to hold exposed foods or food contact items must be a minimum of 18 inches above the floor, all other shelving must be a minimum of 6 inches above the floor.
12. Over shelves or salamanders are not approved over cooking surfaces, unless a deflector is provided.

Toilet Facilities (COMAR 10.15.03.18)

1. Must provide public restrooms if facility prepares food and provides seating; or is a carry-out with indoor tables used for dining.
2. Public restrooms must be accessible without entering food preparation, storage, or utensil washing areas.
3. The amount of fixtures required is dependant on the number of seats proposed. Refer to the applicable Building or Plumbing Code for guidelines.
4. Restroom doors must be self closing.
5. Must provide mechanical ventilation (minimum of 2 c.f.m. per square foot area), that is exhausted directly to the outside of the building.
6. Must provide a covered trash receptacle for any women's or unisex restrooms.

Storage Areas

1. Must provide sufficient storage areas.
2. Must provide shelving in the storage areas.

Hand Washing Stations (COMAR 10.15.03.18)

1. Hand sinks are required in all restrooms, food preparation, and utensil washing areas.
2. All hand washing stations must be accessible at all times.
3. Must be located greater than 18 inches from any area of potential contamination or a splash guard must be installed.
4. Must provide soap, paper towels or other hand drying device, and trash receptacle at each hand sink.
5. Posting hand washing signs at all hand sinks is recommended.

Mop Sink (COMAR 10.15.03.23)

1. Must provide a mop sink or curbed cleaning facility.
2. Must provide a sufficient method to allow mops to thoroughly dry.
3. Must provide sufficient space to store all custodial equipment.

Chemical Storage (COMAR 10.15.03.13)

1. Toxic materials must be stored separate from areas used for food storage, food preparation or equipment and utensil washing or storage.

Personal Items & Dressing Rooms (COMAR 10.15.03.23)

1. Must provide sufficient area to store personal items.
2. Specify how personal items will be stored.

Garbage & Refuse Storage (COMAR 10.15.03.19 & .33)

1. Must provide sufficient amount of containers to store refuse & garbage.
2. Exterior containers must be rodent proof.
3. Exterior containers must be located on a grease resistant, cleanable surface.
4. Containers cannot leak.

Workers' Compensation Insurance or Certificate of Compliance

1. Workers' Compensation Insurance or a Certificate of Compliance is required prior to issuance of a food service facility permit.
2. Contact the Workers' Compensation Commission at 800-492-0479, TTY 800-735-2258 or at www.wwc.state.md.us if you need an application for a Certificate of Compliance or if you have any questions regarding workers' compensation.
3. Copies of the application for Certificate of Compliance are also available at the Talbot County Office of Environmental Health.

Additional Plan Requirements for Mobile Units Only

A mobile food service facility means a food service facility that is a mechanically, electrically, manually or otherwise propelled vehicle operating on land or water that moves as part of its **routine** operation to:

- Change location for sales;
- Obtain food and other supplies;
- Fill potable water supply holding tanks;
- Empty wastewater holding tanks; or
- Provide for the cleaning and sanitization of equipment and utensils.

1. What is the size of the fresh water tank (gallons)? _____

2. What is the size of the waste water tank (gallons)? _____

Note: The waste water tank must be at least 20% larger than the fresh water tank.

3. Where will the waste water be disposed? _____

- Submit a copy of the waste disposal contract (if applicable).

Note: All aspects of a food service facility operation are prohibited in a private residence. This includes the prohibition of storage, utensil washing, and preparation in a residence.

4. What is the name of the proposed base of operation? _____

5. What portion of the operation will be conducted at the proposed base of operation?

Cook Preparation Dry Storage Cold Hold Utensil Wash Other (Describe)

6. What areas will you utilize in the base of operation: Kitchen Stock Room Dish Wash Area Other (Describe)? _____

7. How will your operation be segregated from the existing base of operation?

8. Submit a letter from the proposed base of operation's permit holder. The letter must include:

- a. The proposed facility has permission to utilize the base of operation.
- b. The proposed facility will notify this department if the proposed facility is no longer utilizing the base of operation.
- c. The base of operation's permit holder is aware that the base of operation's permit holder is responsible for any violations found in the base of operation regardless of the origin of the violation.

9. What is the proposed location that the unit will set up? Include days and times of operation.

COMAR 10.15.03 Regulations Governing Food Service Facilities

You are responsible for all of the material covered under COMAR 10.15.03, Regulations governing "Food Service Facilities".

1. Do you have a copy of **COMAR 10.15.03, Regulations governing "Food Service Facilities"**?

- Yes
- No

2. COMAR 10.15.03, Regulations governing "Food Service Facilities," are also available on the web at:

<http://dsd.maryland.gov/pages/comarsearch.aspx>

On the left side of the page, select **Title 10 – Maryland Department of Health**

Select **Subtitle 15, "Food"**

Select **10.15.03 "Food Service Facilities"**

At this point, select one of the 40 individual regulations you wish to view.

3. Do you know how to locate specific information in the regulations?

- Yes
- No

I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including zoning, planning, building, plumbing, incorporated towns, and fire marshal.

- Yes
- No

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Talbot County Health Department may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____
_____ Date _____
_____ 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.