PLAN REVIEW APPLICATION

Prince George's County Health Department
Division of Environmental Health
Largo Government Center | 9201 Basil Court, Suite 318
Largo, Maryland 20774
Office 301-883-7650 | Fax 301-883-7601 | TDD 301-883-5025

PLEASE READ CAREFULLY

INSTRUCTIONS

- Application fee is non-refundable.
- Type or print legibly in black ink.
- Submit check or money order for the applicable fee payable to: *Prince George's County Health Department*, attach to the completed application and mail to the above address.
- A plan resubmittal fee will apply on the second resubmittal.
- If you need assistance filling-out this application, call 301-883-7650.

CHECK ONE:	**NEW**	**REMODELED**
Food Service Facility	☐ **$300.00**	☐ **$200.00**
Nursing Home	☐ **$200.00**	☐ **$150.00**
Swimming Pool / Spa	☐ **$200.00**	☐ **$150.00**

FACILITY INFO

Name of Facility (Trading as) | Telephone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Former Name (If applicable) | Former Owner (If applicable)

Location Address | Apt No. | City | State | Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___

Mailing Address (If different) | Apt No. | City | State | Zip Code ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Type of Facility | Tax Account Number ____ ____ ____ ____ ____ ____ ____

APPLICANT INFO

Name of Applicant (For official Health Department correspondence only) | Telephone Number

Address of Applicant | Apt. No. | City | State | Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___

Building Permit Application Identification Number

WORK DESCRIPTION

PLEASE SIGN

- ***I have examined and read the above application, and know the same is true and correct, and that, in the construction/remodeling of this facility, all applicable laws and regulations for the State of Maryland and Prince George's County will be complied with.***

Applicant Signature _____ Date of Signature _____

DO NOT WRITE BELOW THIS LINE

FOR PGCHD USE ONLY

Receipt Number	Fee Amount Received	Date Received
Approving Signature		Plan Review Case Number