

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 301-883-7630 | Fax 301-883-7601 | TTY/STS Dial 711

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Application fee is non-refundable. ◆ Type or print legibly in black ink. ◆ Submit check or money order for the applicable fee payable to: <i>Prince George's County Health Department</i>, attach to the completed application and mail to the above address. ◆ A plan resubmittal fee will apply on the <u>second</u> resubmittal. ◆ If you need assistance filling-out this application, call 301-883-7630. 	<p><u>CHECK ONE:</u></p> <p>Food Service Facility <input type="checkbox"/> \$300.00 <input type="checkbox"/> \$200.00</p> <p>Swimming Pool / Spa <input type="checkbox"/> \$200.00 <input type="checkbox"/> \$150.00</p>	<p><u>NEW</u> <input type="checkbox"/> \$300.00</p> <p><u>REMODELED</u> <input type="checkbox"/> \$200.00</p>
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		_____ - _____ - _____
	Applicant E-mail Address _____		Building Permit Application Identification Number _____
WORK DESCRIPTION			
PLEASE SIGN	<p>◆ <i>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.</i></p> <p>_____ _____ Applicant Signature Date of Signature</p>		

DO NOT WRITE BELOW THIS LINE

FOR PGCHD USE ONLY	Receipt Number _____	Fee Amount Received _____	Date Received _____
	Approving Signature _____		Plan Review Case Number _____