HEALTH DEPARTMENT PLAN REVIEW APPLICATION

PLEASE READ CAREFULLY

Prince George's County
Department of Permitting, Inspections and Enforcement
Building Plan Review Division, Health Review Section
9400 Peppercorn Place, 1st Floor, Largo, Maryland 20774
Office: 301.883.7621 | TDD/STS Dial: 711

	 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</i> with this completed application to the above address. Equipment Evaluations — \$165.00 + 5% Technology Fee of \$8.25 for a total of \$173.25 Commercial Raze Inspections (Health) — \$550.00 per application + 5% Technology Fee of \$27.50 for a total of \$577.50 Residential Raze Inspections (Health) — \$330.00 per application + 5% Technology Fee of \$15.00 for a total of \$346.00 Name of Facility (Trading as) 		FOOD SERVICE FACILITY (Check One)	
INSTRUCTIONS			☐ New — \$495.00 + 5% Technology Fee of \$24.75 for a total of \$519.75	
			☐ Remodeled — \$330.00 + 5% Technology Fee of \$16.50 for a total of \$346.50	
			SWIMMING POOL/SPA (Check One)	
			☐ Review & Inspection of Commercial Swimming Pools & Spas (Health) — \$825.00 + 5% Technology Fee of \$41.25 for a total of \$866.25	
			Remodeled — \$220.00 + 5% Technology Fee of \$41.25 for a total of \$231.00	
\vdash			Telephone Number	
FACILITY INFO	Traine of Facility (Trading as)			
	Former Name (If applicable)		Former Owner (If applicate	
	Former Name (If applicable)		Former Owner (II applicat	ne)
	Location Address Apt No.	City	State	Zip Code
	Location Address Apt No.	City	State	Zip Code
	Mailing Address (If different) Apt No.	City	State	Zip Code
	Mailing Address (if different) Apt No.	City	State	Zip Code
	Type of Facility			
	Type of Facility			Tax Account Number (Last 7 digits)
_	Name of Applicant and Equal Address			Telephone Number
APPLICANT INFO	Name of Applicant and E-mail Address			relephone Number
	Address of Applicant Apt No.	City	State	
	Address of Applicant Apt No.	City	State	Zip Code
	DPIE Case Number or City of Laurel Building	Dormit Application Identifies	ation Number	
`	DETE Case Number of City of Laurer Building	remii Application identino	ation Number	
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	• I have examined and read the above application, and know the same is true and correct, and that, in the			
SE	construction/remodeling of this facility, all applicable laws and regulations for the State of Maryland and Prince George's County will be complied with.			
PLEASE SIGN	Joseph Journey Will D	- Joinphou Willi		
<u> </u>	Applicant Signature Date of Signature			
	DO NOT WRITE BELOW THIS LINE			
	Receipt Number	Fee Amount Received	DELOW INIS LINE	Date Received
FOR DPIE USE ONLY	·			
	Approving Signature	l		DPIE Case Number
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