



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, MD 20902

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/hhs-special/LandRLicensePlanReview.html

Today's Date: _____

TO: Applicant / Plan Submitter

SUBJECT: Plan Review

Building Permit Number: _____

HAVE PLANS BEEN SUBMITTED TO PERMITTING SERVICES: YES [] or NO []

Check if Plan has already been submitted to Permitting Services via:

DPS Office or ProjectDox ePlans []

The City of Rockville []

The City of Gaithersburg []

SCOPE OF WORK:

[] Food Service Facility

[] Swimming Pool/Spa Facility

[] New Construction

[] Renovation (previous facility closed more than 6 months)

[] Remodel (current licensed facility)

[] Equipment Replacement (current licensed facility)

In order to better serve everyone desiring a plan approval, please allow us a minimum of 14 business days to conduct a thorough review of Food Facility plans, and a minimum of 30 business days for Swimming Pool plans. Once an initial review has been conducted, you will be contacted regarding the status of the plans. Please do not expect to receive a response prior to 14 or 30 days from the date the plan is received and processed.

Thank you for your patience and cooperation.

PLEASE PRINT

Name of Facility: _____

Address of Facility: _____

Facility Owner's Name: _____

Facility Owner's Email: _____

Applicant's Name for Correspondence: _____

Applicant's Postal Address: _____

Applicant's Telephone & Email: _____

Signature of Submitter: _____

OFFICE USE ONLY

Receipt Number: _____ Date Received: _____ Staff Initials: _____

Application Fee: _____ Plan Review Fee: _____ Check/Money Order/Approval Code: _____

PAYMENT: *CASH IS NOT ACCEPTED*

Checks and Money Orders made payable to: "**Montgomery County, Maryland**".

Applications with Debit or Credit Card payments may also be faxed to 240-777-4531 (confidential fax line).

Check Money Order Visa Mastercard Discover

Fee: \$ _____ Credit Card No: _____ 3 Digit Security Code: _____ Exp.Date: _____

Credit Cardholder's Name: _____ Amount Charged: \$ _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

FEE SCHEDULE

Type of License	Fee
(A) Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice cream)	\$240.00
(B) Moderate Priority (Facilities that serve potentially hazardous food that is prepared requiring the food to pass through the temperature danger zone, 41°F to 135°F, one time before service, such as cooking, hot holding, and then serving; or facilities that cut, assemble, or package on the premises, such as meats)	\$330.00
(C) High Priority (Facilities that serve potentially hazardous food that is prepared a day or more in advance of service; or using food preparation methods that require the food to pass through the temperature danger zone, 41°F to 135°F, two or more times before service, such as cooking, cooling, and then reheating)	\$600.00
(D) Food Service Facility - Equipment Replacement	\$160.00

NOTE: Food Facility Applicants must include Manufacturer Specification sheets for all food-service equipment, which shows proof it has obtained a commercial-grade standard/rating accepted by this Office. (such as: NSF, ETL-Intertek, CSA, UL-Listed, UL-Sanitation, BISSC, etc.)

Swimming Pool - Plan Review	\$480.00
Swimming Pool - Equipment Replacement	\$260.00

NOTE: Swimming Pool Applicants must also apply for a "Hazardous Materials Use Permit". You must contact the Office of Emergency Management at 240-777-2300.