



**Bureau of Environmental Health**  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 – Voice/Relay  
310.313.2648 – Fax  
1.866.313.6300- Toll Free

Maura J. Rossman, M.D., Health Officer

## Plan Review Form for Food Facility Change of Ownership

**Please read carefully and submit all required information to avoid delays in the plan review process. If in doubt about the materials needed in your situation, please call the Food Protection Program at 410-313-1772 and state that you have a question about Plan Review for Change of Ownership.**

Allow for up to 10-15 days from the receipt of this completed form with all accompanying materials to hear from the Food Program regarding your application. Submittals are retained by this department as part of the permanent record.

- New Owner Date of Ownership \_\_\_\_\_  Remodel  Altered menu, HACCP, or equipment  
 No Changes to layout, equipment, or menu (submit signed statement with this packet)  Other \_\_\_\_\_

**\*\*If the proposed food service operation is for a mobile unit, please complete & submit Mobile Food Facility Plan Review Packet**

Proposed Facility Name: \_\_\_\_\_

Former Facility Name (if applicable): \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of seats: \_\_\_\_\_

**Code of Maryland Regulations (COMAR) 10.15.03, requires that properly prepared plans be submitted and approved before a person .....remodels or alters a food establishment.**

The documents required for review will depend on the nature and extent of the changes you plan for the food service facility. *If in doubt, please call the Food Protection Program at 410-313-1772 to make sure you provide the necessary materials.*

**If you plan NO changes to menu, equipment, layout or physical structure of your purchased food service facility, submit:**

- Application for a Food Facility License\* (if the food service facility remains in operation during the change of ownership). *This application will be provided to you once you have contacted the Health Department as the new owner of the facility. Application for a food license will remain pending while your facility undergoes plan review. Fee will be determined based upon the priority of your facility.*

[Fee Schedule](#)

\* If there is a break in operation of the food service facility, application for the license should take place upon completion of the plan review.

- Plan Review Form for Change of Ownership [this document], signed
- Obtain a Certified Manager's Card Issued by Howard County Health Department (for High and Moderate facilities only). The following items are required to obtain the card:
  - [Application](#) must be presented by the applicant in person with identification and 2" by 2" photograph
  - Original copy of Certified Manager's Certificate (acceptable certificate must be one of the listed ANSI certified training certificates: Serv Safe, National Registry of Food Safety Professionals, 360 Training, or Prometric Inc State Food Safety Manager Certification).
  - \$17 fee paid by Check/Money Order payable to Director of Finance (cash in exact amount is acceptable)
- Menu(s)– all food items listed on the menu (including seasonal items)
  - Menu change? Yes No
- Updated HACCP plan (for Moderate and High priority facilities; [HACCP Guidelines](#)) with:
  - Written HACCP training agreement
  - Standard Operating Procedures (for Moderate and High priority facilities) which include the employee illness policy [SOP Guidelines](#)
- [Statement of Change of Ownership with No Menu, Equipment, or Layout Changes](#)

**If you plan renovations or new construction:**

1) contact the Department of Inspections, Licenses and Permits (DILP) at 3430 Courthouse Drive, Ellicott City, MD 21043. Phone: 410-313-2455 to ensure you have appropriate building, electrical, and plumbing permits.

**Additional documents from the list below will be required for review by the Health Department but are typically provided to the Health Department by DILP after you apply for your permits. Please call the Food Protection Program at 410-313-1772 to**

**make sure we receive the needed documents for your circumstances. *Incomplete plans will delay the plan review process.***

**2) submit:**

- Application for a Food Facility License\* (if the food service facility remains in operation during the change of ownership). *This application will be provided to you once you have contacted the Health Department as the new owner of the facility. Application for a food license will remain pending while your facility undergoes plan review. Fee will be determined based upon the priority of your facility.*

[Fee Schedule](#)

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  - \$17 fee paid by Check/Money Order payable to Director of Finance (cash in exact amount is acceptable)
- Menu(s)– all food items listed on the menu (including seasonal items)
  - Menu change?  Yes  No
- Updated HACCP plan (for Moderate and High priority facilities, [HACCP Guidelines](#)) with:
  - Written HACCP training agreement
  - Standard Operating Procedures (for Moderate and High priority facilities) which include the employee illness policy [SOP Guidelines](#)
- Scaled floor plan showing location of numbered equipment (architectural drawings preferred; accurate and legible hand drawn drawings may be acceptable in the absence of architectural drawings) [Example of an Architectural Drawing of Floor Plan with Equipment List](#); [Example of a Hand Drawn Floor Plan with Equipment List](#)
- List of equipment numbered to match plan, indicating existing and new equipment
  - Manufacturer specification sheets for each piece of new equipment – indicate model of the equipment
  - Manufacturer (and model # if available) for existing equipment must be noted on the equipment list
  - A minimum 50 gal hot water heater is required for all facilities
- Ensure exhaust hood filters and any duct work are clean and maintained (if applicable)

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

- Yes  No

[will

omit

this

page]

## COMAR 10.15.03 Regulations Governing Food Service Facilities

COMAR Regulations governing "Food Service Facilities" are available on the web at:

[http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03.\\*](http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03.*)

**Statement:** I hereby certify that the information provided in my submission is correct and I fully understand that any deviation from the stated plans without prior permission from Howard 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 or 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.