# Public Health Prevent. Promote. Protect. Harford County

Health Department

# HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

## 410-877-2305/410-879-2684 FAX 443-643-0333

# **Application for Plan Review for a Food Service Facility**

Please make checks payable to Harford County

Facility Name	•			
Facility Address:				
25				
Facility Phone	e Number:			
Company Name/Owner of Business:				
Owner of Business/Corporate Contact Person:				
Mailing Address of Owner/Corporate Contact Person:				
	86			
Email Address of Contact Person:				
Phone Number Owner/Corporate Contact Person:				
Number of seats in establishment: Bar Seats:				
Number of ou	tdoor seats:			
Name, Address, and Phone Number of Architect, Equipment Company, All Contractors:				
Building Permit Number: Facility Classification:				
Circle: New I Circle: Circle: Circle:	Facility / Addition to Existing F Water Supply: Public Sewerage: Public Grease Interceptor: Require	Private Private	e	ing Facility  Existing
Circle:	Will You Provide Catering:		±	Off Site

### Official Use Only

Plans Received:

HACCP Information Received:

Fee Paid:

Approval By:

County, Aberdeen, Bel Air, Havre de Grace, Health Department

B P Released: U & O Released:

www.harfordcountyhealth.com

