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

INSTRUCTIONS	 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 		 FOOD SERVICE FACILITY (Check One) 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 \$11.00 for a total of \$231.00 	
FACILITY INFO	Name of Facility (Trading as) Former Name (If applicable)		Former Owner (If application	Telephone Number able)
	Location Address Apt No.	City	State	Zip Code
	Mailing Address (If different) Apt No.	City	State	
	Type of Facility			Tax Account Number (Last 7 digits)
APPLICANT INFO	Name of Applicant and E-mail Address			Telephone Number
	Address of Applicant Apt No.	City	State	
	DPIE Case Number or City of Laurel Building Permit Application Identification Number			
WORK DESCRIPTION				
PLEASE SIGN	 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. 			
	Applicant Signature Date of Signature DO NOT WRITE BELOW THIS LINE			
FOR DPIE USE ONLY	Receipt Number	Fee Amount Received		Date Received
FOR USE (Approving Signature			DPIE Case Number