



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
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PLAN REVIEW GUIDE

FOOD SERVICE PLAN REVIEW

- _____ Location
- _____ Menu
- _____ HACCP Menu Review Forms
- _____ General Layout (to Scale)
- _____ Finish Schedule
- _____ Equipment Schedule
- _____ Plumbing Riser
- _____ Lighting Plan
- _____ Ventilation
- _____ Person to Contact
- _____ Application & Fee
- _____ Workman's Compensation
- _____ Building Permit Reference #

POOL PLAN REVIEW

- _____ Location
- _____ Site Plan
- _____ Pool Layout
- _____ Piping Layout & Hydraulic Calculations
- _____ Filter Room Layout
- _____ Bath House Plan
- _____ Equipment Schedule
- _____ Finish Schedule
- _____ Board of Appeals Opinion if Applicable
- _____ Person to Contact
- _____ Application & Fee
- _____ Workman's Compensation

ONE (1) SET OF PLANS IS REQUIRED. PLANS FOR A NEW FACILITY CANNOT BE ACCEPTED UNTIL THE ABOVE ITEMS ARE INCLUDED WITH YOUR SUBMITTAL.