

PLAN REVIEW APPLICATION

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

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ♦ Application fee is non-refundable. ♦ Type or print legibly in black ink. ♦ Submit check or money order for the applicable fee payable to Prince George's County with this completed application to the above address. ♦ Be advised that a fee must be paid for each resubmittal of plans after the first resubmittal. ♦ If you need assistance completing this application, please call 301.883.7621. 				
	<input type="checkbox"/> Equipment Evaluations — \$150.00 + 5% Technology Fee of \$7.50 for a total of \$157.50				
	FOOD SERVICE FACILITY <i>(Check One)</i> <input type="checkbox"/> New — \$450.00 + 5% Technology Fee of \$22.50 for a total of \$472.50 <input type="checkbox"/> Remodeled — \$300.00 + 5% Technology Fee of \$15.00 for a total of \$315.00				
	SWIMMING POOL/SPA <i>(Check One)</i> <input type="checkbox"/> New — \$200.00 + 5% Technology Fee of \$10.00 for a total of \$210.00 <input type="checkbox"/> Remodeled — \$200.00 + 5% Technology Fee of \$10.00 for a total of \$210.00				
FACILITY INFO	Name of Facility (Trading as)			Telephone Number	
	Former Name (If applicable)			Former Owner (If applicable)	
	Location Address	Apt No.	City	State	Zip Code
	Mailing Address (If different)	Apt No.	City	State	Zip Code
	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	Zip Code
	DPIE Case Number or City of Laurel Building Permit Application Identification Number				
WORK DESCRIPTION					
PLEASE SIGN	<p>♦ <i>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.</i></p> <p>_____ Date of Signature</p> <p>Applicant Signature</p>				

DO NOT WRITE BELOW THIS LINE

FOR DPIE USE ONLY	Receipt Number	Fee Amount Received	Date Received
	Approving Signature		DPIE Case Number