

HEALTH DEPARTMENT 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. <p><input type="checkbox"/> Equipment Evaluations — \$165.00 + 5% Technology Fee of \$8.25 for a total of \$173.25</p> <p><input type="checkbox"/> Commercial Raze Inspections (Health) — \$550.00 per application + 5% Technology Fee of \$27.50 for a total of \$577.50</p> <p><input type="checkbox"/> Residential Raze Inspections (Health) — \$330.00 per application + 5% Technology Fee of \$15.00 for a total of \$346.00</p>				
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	Applicant's First Name		Applicant's Last Name		Applicant's Telephone Number
	Address of Applicant	Apt No.	City	State	Zip Code
	Applicant's Email Address		DPIE Case Number or City of Laurel Building Permit Application Identification Number		
AGENT INFO	Agent's First Name		Agent's Last Name		Agent's Telephone Number
	Address of Agent	Apt No.	City	State	Zip Code
	Agent's Email Address		DPIE Case Number or City of Laurel Bldg 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