



**CECIL COUNTY
HEALTH
DEPARTMENT**

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

STEPHANIE GARRITY M.S., HEALTH OFFICER
WWW.CECILCOUNTYHEALTH.ORG

Memo from: _____

Subject: **APPLICATION FOR PLAN REVIEW SUBMITTAL**

Date: ____ / ____ / ____

PLEASE PRINT OR TYPE AND RETURN

FACILITY NAME _____

FACILITY ADDRESS _____

TOWN _____ STATE _____ ZIP _____

TYPE OF FACILITY: **HIGH PRIORITY \$ 300.00**

TYPE OF FACILITY: **MEDIUM PRIORITY \$ 200.00**

TYPE OF FACILITY: **LOW PRIORITY \$ 150.00**

TYPE OF FACILITY: **EXEMPT**

DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED [] DISAPPROVED [] REVISED [] DATE: ____ / ____ / ____

REVIEWED BY _____ REG. SANITARIAN # []

DATE: ____ / ____ / ____

EHS/Clerical Forms/FSF/App plan rev fsf- Revised 12/5/2014

Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....410-996-5550
ALCOHOL AND DRUG RECOVERY CENTER.....410-996-5106
EMERGENCY PREPAREDNESS.....410-996-5113
COMMUNITY HEALTH SERVICES.....410-996-5130
DISEASE CONTROL.....410-996-5100

ENVIRONMENTAL HEALTH SERVICES.....410-996-5160
HEALTH PROMOTION.....410-996-5168
MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....410-996-5112
TTY USERS FOR DISABLED: MARYLAND RELAY.....800-201-7165
EN ESPAÑOL.....410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE.....877-334-9985