Application for Foodservice Plan Review  
Virginia Department of Health  
Rappahannock Area Health District  
*Fredericksburg City, Caroline, King George, Spotsylvania, and Stafford Counties*

Date:__________________ New____ Remodel ____ Conversion ____

**Establishment Information:**
Name of Establishment:______________________________________________________________________
Physical Address (include zipcode):______________________________________________________________________
Mailing Address (if different): ________________________________________________________________
Phone:_____________________________________________________________________________________

**Establishment Owner Information:**
Legal Owner Type: Association__ Corporation __ Individual ___ Partnership __ Other Legal Entity ___
Association, Corporation Partnership Name: _________________________________________________________
*If a Corporation or LLC, please attach list of owners, addresses and phone numbers.*
Legal Owner Name:______________________________________________________________________________
Owner Billing Address:__________________________________________________________________________
Local Registered Agent (if required): __ Title: __________________
Local Agent’s address: _______________________________________________________________________

**Applicant Contact Information:**
Applicant’s Name:_______________________________Title: ________________________
Telephone:________________________________________Cell _____________________Fax ______________________
Mailing Address:_____________________________________________________________________________

I have submitted plans/applications to the following authorities on the following dates:

<table>
<thead>
<tr>
<th>Authority Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Building</td>
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<tr>
<td>Public Works</td>
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<tr>
<td>Fire</td>
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<td>Public Utilities</td>
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<tr>
<td>Planning and Zoning</td>
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<tr>
<td>Police</td>
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</table>

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Number of Seats:_________ Smoking Status: _____Non Smoking _____Restricted Area for Smoking
Number of Staff:_________ (Maximum per shift)
Total Square Feet of Facility:_________
Number of Floors on which operations are conducted_________
Maximum Meals to be Served: Breakfast______ Lunch ______ Dinner ______
Projected Date for Start of Project: _________________
Projected Date for Completion of Project: _________________
Type of Service: (check all that apply) Sit Down ___ Take Out ___ Caterer ___ Mobile ___ Other: ____________
Please enclose the following documents:

- Certified Food Protection Manager credential(s)
- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule

Contents And Format Of Plans And Specifications

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, and basements and/or cellars used for storage or food preparation. Show all features of these rooms.
9. Include and provide specifications for:
   a. Entrances, exits, loading/unloading areas and docks;
   b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
   d. Lighting schedule with protectors;
      (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
      (2) At least 220 lux (20 foot candles):
         (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
         (b) Inside equipment such as reach-in and under-counter refrigerators;
         (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
      (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
   e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI or NSF (as applicable).
   f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
   g. A mop sink or curved cleaning facility with facilities for hanging wet mops;
h. Garbage can washing and mat washing area/facility;
i. Toxic chemicals storage area;
j. Dressing rooms, locker areas, employee rest and dining areas, and/or coat rack as required;

Please circle/answer the following questions

Food Preparation Review:
Check categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared and served.

<table>
<thead>
<tr>
<th>Category</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)</td>
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<td>2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)</td>
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<tr>
<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
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<td>4. Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)</td>
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<td>5. Bakery goods (pies, custards, cream fillings &amp; toppings)</td>
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</table>

Food Supplies:
1. Are all food supplies from inspected and approved sources? YES NO
   Please list all your food suppliers:__________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

2. What are the projected frequencies of deliveries for:
   Frozen foods______________, Refrigerated foods______________, Dry goods______________.

3. Provide information on the amount of space (in cubic feet) allocated for:
   Dry storage______________, Refrigerated Storage______________, Frozen storage______________.

4. How will dry goods be stored off the floor?
   ____________________________________________________________________________________

Cold Storage:
1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES NO
   Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO

3. If yes, how will cross-contamination be prevented?
   ____________________________________________________________________________________

4. Does each refrigerator/freezer have a thermometer? YES NO

5. Number of refrigeration units: _____

6. Number of freezer units: _____

7. Is there a bulk ice machine available? YES NO
Thawing Frozen Time/Temperature Control for Safety Foods:

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
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<tr>
<td>Running Water Less than 70°F(21°C)</td>
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<tr>
<td>Microwave (as part of cooking process)</td>
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<tr>
<td>Cooked from Frozen state</td>
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<td>Other (describe)</td>
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</table>

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Cooking:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? [YES][NO]

2. What type of temperature measuring device: __________________________

   Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

   - beef roasts: 130°F (121 min)
   - solid seafood pieces: 145°F (15 sec)
   - other TCS foods: 145°F (15 sec)
   - eggs – immediate service*: 145°F (15 sec)
   - eggs – holding*: 155°F (15 sec)
   - *(pasteurized eggs must be served to a highly susceptible population)
   - pork: 145°F (15 sec)
   - comminuted meats/fish: 155°F (15 sec)
   - poultry: 165°F (15 sec)
   - reheated TCS foods: 165°F (15 sec)

3. List types of cooking equipment. ________________________________

4. Will you be serving any raw or undercooked foods? [YES][NO]
   If yes, will you have a consumer advisory on your menu? [YES][NO]

Hot/Cold Holding:

1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service?
   Indicate type and number of hot holding units.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service?
   Indicate type and number of cold holding units.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
**Cooling:**
Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/ GRAVY</th>
<th>THICK SOUPS/ GRAVY</th>
<th>RICE/ NOODLES</th>
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<tbody>
<tr>
<td>Shallow Pans</td>
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<td>Ice Baths</td>
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<tr>
<td>Reduce Volume or Size</td>
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<tr>
<td>Rapid Chill</td>
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<td>Other (describe)</td>
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</table>

**Reheating:**
1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods. ________________________________

2. How will reheating food to 165°F for hot holding be done rapidly (within 2 hours)?
   _______________________________________________________________________

**Preparation:**
1. Please list categories of foods prepared more than 12 hours in advance of service.
   ____________________________________________________________

2. Will food employees be trained in good food sanitation practices? YES NO
   a. Method of training: ________________________________
   b. Number(s) of employees: ________________________________
   c. Dates of completion: ________________________________

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? YES NO

4. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO
   a. If yes, please describe briefly or attach the policy: ________________________________

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
   a. Chemical Type: ________________________________
   b. Concentration: ________________________________
   c. Test Kit: YES NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES NO
   If not, how will ready-to-eat foods be cooled to 41°F? ________________________________

7. Will all produce be washed on-site prior to use? YES NO
8. Is there a planned location used for washing produce? YES  NO
   Describe ____________________________________________________________
   If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.
   ____________________________________________________________

9. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.
   ____________________________________________________________

10. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

11. Will the facility be serving food to a highly susceptible population? YES  NO
    If yes, how will the food temperature be maintained while being transferred between the kitchen and service area? ____________________________
    ________________________________________________________________

A. Finish Schedule
Please indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

<table>
<thead>
<tr>
<th></th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
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<tr>
<td>Bar</td>
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<tr>
<td>Food Storage</td>
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<tr>
<td>Other Storage</td>
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<tr>
<td>Toilet Rooms</td>
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<tr>
<td>Dressing Rooms</td>
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<td>Garbage &amp; Refuse Storage</td>
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<tr>
<td>Mop Service Basin Area</td>
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<tr>
<td>Warewashing Area</td>
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<tr>
<td>Walk-in Refrigerators and Freezers</td>
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</table>

B. Insect And Rodent Control
1. Will all outside doors be self-closing and rodent proof? YES  NO  NA
2. Are screen doors provided on all entrances left open to the outside? YES  NO  NA
3. Do all openable windows have a minimum #16 mesh screening? YES  NO  NA
4. Is the placement of electrocution devices identified on the plan? YES  NO  NA
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES  NO  NA
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? YES  NO  NA
7. Will air curtains be used? YES  NO  NA
   If yes, where? ________________________________________________
C. Garbage And Refuse

Inside
1. Do all containers have lids? YES NO NA
2. Will refuse be stored inside? YES NO NA
   If so, where? ______________________
3. Is there an area designated for garbage can or floor mat cleaning? YES NO NA

Outside
4. Will a dumpster be used? YES NO NA
   Number ________ Size ________ Frequency of pickup ____________
5. Will a compactor be used? YES NO NA
   Number ________ Size ________ Frequency of pick up ____________
6. Will garbage cans be stored outside? YES NO NA
   Describe surface and location where dumpster/compactor/garbage cans are to be stored
   _______________ ________________ ________________

7. Describe location of grease storage receptacle and servicing schedule
   ________________________________ ________________ ________________

8. Is there an area to store recycled containers? YES NO
   If yes, describe ________________________________

9. Is there any area to store returnable damaged goods? YES NO

D. Plumbing Connections

Please check where appropriate

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>*INTEGRAL TRAP</th>
<th>**&quot;P&quot; TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
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<tbody>
<tr>
<td>Toilet</td>
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<td>Urinals</td>
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<td>Dishwasher</td>
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<td>Garbage Grinder</td>
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<td>Ice machines</td>
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<td>Ice storage bin</td>
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<td>Sinks</td>
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<td>a. Mop</td>
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<td>c. Handwash</td>
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<td>d. 3 Compartment</td>
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<td>e. 2 Compartment</td>
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<td>f. 1 Compartment</td>
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<tr>
<td>g. Water Station</td>
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<td>Steam tables</td>
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<td>Dipper wells</td>
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<tr>
<td>Refrigeration condensate/ drain lines</td>
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<td>Hose connection</td>
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<td>Potato peeler</td>
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<td>Beverage Dispenser w/ carbonator</td>
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<tr>
<td>Other _________________</td>
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* TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a
A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

Are floor drains provided & easily cleanable? YES NO
Indicate location: ________________________________________________________________

E. Water Supply
1. Is water supply public ( ) or private ( )?
   If private, has source been approved? YES NO PENDING
   Please attach copy of written approval and/or permit.
2. Is ice made on premises ( ) or purchased commercially ( )?
   a. If made on premise, are specifications for the ice machine provided? YES NO
   b. Describe provision for ice scoop storage: ____________________________________________
   c. Provide location of ice maker or bagging operation ______________________________________
3. What is the capacity of the hot water generator? _____________________________
4. Is the hot water generator sufficient for the needs of the establishment?
   Provide calculations for necessary hot water
5. Is there a water treatment device? YES NO
   If yes, how will the device be inspected & serviced? ______________________________________
6. How are the backflow prevention devices inspected & serviced? _________________________

F. Sewage Disposal
1. Is building connected to a municipal sewer? YES NO
2. If no, is private disposal system approved? YES NO PENDING
   Please attach copy of written approval and/or permit.
3. Are grease traps provided? YES NO
   a. If so, where? _________________________________________________________________
   b. Provide schedule for cleaning & maintenance _________________________________________

G. Employee Belongings
   Describe storage facilities for employees' personal belongings (i.e., purses, coats, personal medication, etc.)
   ________________________________________________________________

H. General
1. Will insecticides/rodenticides be stored separately from cleaning & sanitizing agents? YES NO
   Indicate location: _________________________________________________________________
2. Who will be applying your insecticides/rodenticides? ______________________________________
3. Will all toxics for use on the premise (this includes personal medications) be stored away from food preparation and storage areas? YES NO
4. Will all containers of toxics including sanitizing spray bottles clearly labeled? YES NO
5. Will linens be laundered on site (this includes wiping cloths)? YES NO
   If yes, what will be laundered and where? _____________________________________________
   If no, how will linens be cleaned? ___________________________________________________
6. Is a laundry dryer available? YES NO
7. Location of clean linen storage: ______________________________________________________
8. Location of dirty linen storage: ____________________________________________________________

9. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? YES NO
   Indicate type: _______________________________________________________________________

10. How is each listed ventilation hood system cleaned? frequency of cleaning?
    ____________________________________________________________________________________

I. Sinks
1. Is a mop sink present? YES NO
   If no, please describe facility for cleaning of mops and other equipment:
    ____________________________________________________________________________________

2. If the menu dictates, is a food preparation sink present? YES NO
   ____________________________________________________________________________________

J. Dishwashing Facilities
1. Will sinks or a dishwasher be used for warewashing?
   a. Dishwasher ( )
   b. Three compartment sink ( )

2. Dishwasher, type of sanitation used:
   a. Hot water (temp. provided) _________________
   b. Booster heater ____________________________
   c. Chemical type _____________________________
   d. Is ventilation provided? YES NO

3. Do all dish machines have templates with operating instructions? YES NO

4. Do all dish machines have temperature/pressure gauges as required that are working? YES NO

5. Does the largest pot and pan fit into each compartment of the pot sink? YES NO
   If no, what is the procedure for manual cleaning and sanitizing?
   ____________________________________________________________________________________

6. Are there drain boards on both ends of the pot sink? YES NO

7. What type of sanitizer is used?
   a. Chlorine ( )
   b. Iodine ( )
   c. Quaternary ammonium ( )
   d. Hot Water ( )
   e. Other ( )

8. Are test papers and/or kits available for checking sanitizer concentration? YES NO

K. Handwashing/Toilet Facilities
1. Is there a handwashing sink in each food prep and warewashing area? YES NO

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve/combination faucet? YES NO

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO

4. Is hand cleanser available at all handwashing sinks? YES NO

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES NO

6. Are covered waste receptacles available in each restroom? YES NO
7. Is hot and cold running water under pressure available at each handwashing sink?    YES  NO
8. Are all toilet room doors self-closing?    YES  NO
9. Are all toilet rooms equipped with adequate ventilation?    YES  NO
10. Are handwashing signs posted at all hand sinks used by employees?    YES  NO

L. SMALL EQUIPMENT REQUIREMENTS
   Please specify the number, location, and types of each of the following:
   a. Slicers
   b. Cutting boards
   c. Can openers
   d. Mixers
   e. Floor mats
   f. Other

*************
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify final approval.
Signature(s): __________________________
   owner(s) or responsible representative(s)
Date: ____________

*************
Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Revised 10/16

$40.00 Plan Review Fee is required

For Official Use: Items Submitted in Packet

___ Plan Review fee of $40
___ Permit Application with $40 fee (if new owner)
___ Proposed Menu
___ Manufacturer Specifications for equipment
___ Plan drawn to scale

Plans Reviewed and Approved EHS: ____________ Date: ____________