FOOD ESTABLISHMENT PLAN REVIEW GUIDE

The Process

1. This guide should be completed and returned to this office with all requested items. The plans will be reviewed by a Sanitarian, within 30 days.

2. The plan review fee will be determined during the process. It ranges from $42.50 to $478.00, depending on risk level and size of operation.

3. A contact will be made regarding the status of your submission. At this time, more information could be requested, the plan could be approved, or the plan could be disapproved. The letter will specify the action required by you.

4. Revisions and alterations can be made and re-submitted by you. This can be done at any time during the process, but delays may occur due to the new information.

5. Once the plan has been approved, an approval letter and an application for the license will be mailed to you. At this time, the plan review and license fees will need to be paid.

6. Return the application, mailed with your approval letter, and fees to this office.

7. Call at least 7 days ahead for a pre-opening inspection. During the inspection, the license will be delivered if all requirements are satisfactorily met. **Failure to meet all requirements at the pre-opening inspection will delay the opening of your establishment.**
Name of Facility: ____________________________________________________________
Address: __________________________________________________________________

Name of Applicant/Contact Person: ____________________________________________
Address: ___________________________________________________________________
Telephone: __________
Email Address: _____________________________________________________________

Name of Owner: _____________________________________________________________
Address: ___________________________________________________________________
Phone: __________
Projected Date for Start of Construction: _______________
Projected opening date: _______________

Type of Facility (check those applicable) If retail food and food service are
_______ Retail Food Establishment checked, please indicate which will most
_______ Food Service Operation likely represent the largest portion off your sales.

Nature of Application (Check One)                Nature of Application (Check One)
_______ New Facility                        Public Supply             Water Supply (Check One)
_______ Remodeling or Conversion             _______ Public Supply       Sewage Disposal System (Check One)
                                                  _______ P.W.S. Number     _______ Municipal Sewer
                                                  _______ OEPA Septic Permit

Hours of Operation:        Sunday ___________            Thursday __________
                         Monday ___________             Friday ___________
                         Tuesday ___________             Saturday __________
                         Wednesday ___________         

Number of Seats: _______________                   Projected Number of Staff _______

Total Square Feet of Facility: ___________________

Proposed Number of Incoming Food Deliveries per Week ____________________________

Type of Services Provided: Sit Down Meals
(Check all that Apply) Drive Through
_______ Take Out
_______ Catering
_______ Retail Food
_______ Deli
_______ Grocery
_______ Buffet
Seasonal (6 mos. or less) ______

PLEASE REMEMBER TO ENCLOSE THE FOLLOWING DOCUMENTS

1) Full Proposed Menu (Including seasonal, off-site and banquet menus)
2) Lighting plan for all areas of the operation, including the walk-in coolers.
3) Equipment Installation List (Attached). Equipment is to include all sinks, shelving, racks, work surfaces, as well as the standard equipment (coolers, cooking appliances, etc).
4) Interior Finishes Chart (Attached)
5) Site plan, showing location of business in building, location of building on site including alleys, streets, and location of any outside facilities (dumpsters, walk-in coolers).
6) Plan, drawn to scale, of facility showing location of equipment, plumbing fixtures, and ventilation hoods
   a) CONTENTS AND FORMAT OF PLANS: The plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch=1 foot. Larger operations may wish to use separate pages for the kitchen, dining and storage areas as needed.
   b) The plan shall show the location and when requested drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name or a notation referring to the Equipment Installation List.
   c) For operations that use fresh fruits or vegetables, a separate “food prep sink” shall be installed and used only for washing and preparing fruits and vegetables.
   d) Handwashing sinks shall be installed in areas where food is prepared, dishes are washed, and in all restrooms.
      1. The plan layout shall also contain:
      2. Room sizes
      3. Aisle space
      4. The placement of the equipment on the floor plan
      5. Cabinet location for storing sanitizers and chemicals
      6. Location of mop sink
   e) Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars are included in the review and shall be represented on the plan.
   f) Be as specific and complete as possible. Questions about what information to provide are welcomed. Please call, but realize that all information must be submitted on paper to be part of the approval.

All required construction permits such as building, plumbing, electrical, ventilation, fire etc. should be obtained and final inspections approved before the health department may issue a Food Service or Retail Food License. The permitting agencies may include the State of Ohio, your local government or a combination of the two. Provide a file copy of final approval sign off sheets by each aforementioned inspector. Check with local Fire Departments for more information on fire suppression/hood systems.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Make and Model</th>
<th>ID# or Code on plans</th>
<th>New (N) or Used (U)</th>
<th>Plumbing Required (Y/N)</th>
<th>Masonry Island</th>
<th>Approved Legs</th>
<th>Casters</th>
<th>Attached</th>
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<th>Separation (inches)</th>
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# Interior Finishes Chart

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<td>Material</td>
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<td>Ex. Kitchen</td>
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Flow Chart Example