

**Fixed Food Establishment**

**Plan Review Application**

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| Meets the Food Law requirement for a transmittal letter to be submitted with the plans. |

Establishment Name: Click or tap here to enter text.

Address, City, Zip: Click or tap here to enter text.

Establishment Phone: Click or tap here to enter text.

Location Information: Between Road 1 & Road 2

Prior Establishment Name: Click or tap here to enter text.

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| --- | --- |
| **Owner**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  Email: Click or tap here to enter text. | **Food Service Equipment Supply Co.**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  Email: Click or tap here to enter text. |
| **Architect**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  Email: Click or tap here to enter text. | **General Contractor**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  Email: Click or tap here to enter text. |

**\*Please complete each line of the above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: Click or tap here to enter text.

Which of the above should all correspondence be mailed to: Click or tap here to enter text.

Proposed start date of construction: Building MM/DD/YYYY Food preparation/storage areas MM/DD/YYYY

(e.g. Kitchen)

Proposed opening date: MM/DD/YYYY

For reviewing agency use only:

|  |  |
| --- | --- |
| Fee: $ 00.00 | Check #: Click or tap here to enter text. |
| Date: MM/DD/YYYY | Receipt #: Click or tap here to enter text. |
| Plan Review #: Click or tap here to enter text. | Assigned to: Click or tap here to enter text. |

Remarks: Click or tap here to enter text.

**General Information**

**Hours of Operation:** Click or tap here to enter text.

**Seating Capacity (include bar & outdoor):** Click or tap here to enter text.

**Facility Size (square feet):** Click or tap here to enter text.

**Minimum staff per shift:** Click or tap here to enter text.

**Maximum staff per shift:** Click or tap here to enter text.

**These plans are for a (mark one):**  New Establishment  Remodeling  Conversion  Partial

**What describes the establishment better (mark one):**  On-site Food Preparation  Serving Site

**Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.):**   Yes  No

**If yes, explain:** Click or tap here to enter text.

**Type of Operation/Food Service (mark all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Sit down meals | Cafeteria | Church | |
| Full service with bar | Catering | Takeout menu | |
| Bar with food prep. | School | Commissary | |
| Bar with no food prep. | Produce | Counter service | |
| Grocery store | Produce processing | Buffet or salad bar | |
| Fresh meat | Hospital | Wholesale foods | |
| Seafood/fish | Smoked fish | Tableside/display cooking | |
| Deli | Bakery | Ice production/packaging | |
| Fast food | Brewery | Hotel | |
| Self-service bulk items | Water bottling | Kiosk | |
| Tasting room | Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.) | | |
| Repackaging (e.g. nuts)   |  | | --- | | List food(s): Click or tap here to enter text. | | Processor (e.g. cured meats, juice, sushi,  slaughter, etc.)   |  | | --- | | List food(s): Click or tap here to enter text. | | |  |

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| **Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation:** |
| Click or tap here to enter text. |

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: Digital Signature

Date: MM/DD/YYYY

Please print name and title here: Click or tap here to enter text.