



## Fixed Food Establishment Plan Review Application

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.

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

**\*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)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sit down meals          | <input type="checkbox"/> Cafeteria  | <input type="checkbox"/> Church                    |
| <input type="checkbox"/> Full service with bar   | <input type="checkbox"/> Catering   | <input type="checkbox"/> Takeout menu              |
| <input type="checkbox"/> Bar with food prep.     | <input type="checkbox"/> School   | <input type="checkbox"/> Commissary                |
| <input type="checkbox"/> Bar with no food prep.  | <input type="checkbox"/> Produce  | <input type="checkbox"/> Counter service           |
| <input type="checkbox"/> Grocery store           | <input type="checkbox"/> Produce processing   | <input type="checkbox"/> Buffet or salad bar       |
| <input type="checkbox"/> Fresh meat              | <input type="checkbox"/> Hospital   | <input type="checkbox"/> Wholesale foods           |
| <input type="checkbox"/> Seafood/fish            | <input type="checkbox"/> Smoked fish  | <input type="checkbox"/> Tableside/display cooking |
| <input type="checkbox"/> Deli                    | <input type="checkbox"/> Bakery   | <input type="checkbox"/> Ice production/packaging  |
| <input type="checkbox"/> Fast food               | <input type="checkbox"/> Brewery  | <input type="checkbox"/> Hotel                     |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling   | <input type="checkbox"/> Kiosk                     |
| <input type="checkbox"/> Tasting room            | <input type="checkbox"/> 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.

**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.