**Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS**

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| **TYPE OF APPLICATION:** □ New □ Remodel □ Conversion | | | | **Projected Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Projected Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **TYPE OF FOOD OPERATION:** □ Restaurant □ Institution □ Daycare □ Retail food store □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **FOOD ESTABLISHMENT INFORMATION** | | | | | | | |
| **Name of Establishment:** | | | | | | | |
| **Establishment Address:** | | | **City:** | | **State:** | | **ZIP:** |
| **OWNERSHIP INFORMATION** | | | | | | | |
| **Name of Owner:** | | | | | | | |
| **Address:** | | | **City:** | | **State:** | | **ZIP:** |
| **Email:** | | | **Phone Number:** | | | | |
| **APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)** | | | | | | | |
| **Applicant Name:** | | | **Contact Person:** | | | | |
| **Applicant Mailing Address:** | | | **City:** | | **State:** | | **ZIP:** |
| **Email:** | | | **Phone Number:** | | | | |
| **FOOD OPERATION INFORMATION** | | | | | | | |
| **Hours/Days of Operation**   * **Sun:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Mon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Tues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Wed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Thurs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Fri:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Sat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Restaurant Seating Capacity**  # of Indoor Seats: \_\_\_\_\_\_\_\_\_  # of Outdoor Seats:\_\_\_\_\_\_\_\_  Square Feet of Facility:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Type of Service (check all that apply)**   * On-site consumption * Off-site consumption * Catering * Single-use utensils * Multi-use utensils * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Employees**  Max per shift:\_\_\_\_\_\_\_\_\_\_\_\_  **Maximum meals to be served**   * Breakfast \_\_\_\_\_\_\_\_\_\_\_\_\_ * Lunch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Dinner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| The following documents must be submitted along with this application:   * Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – ***Standard Operating Procedures or HACCP plans may be required.*** * Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below: * The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). * Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.   *Elevation drawings may be requested by the Regulatory Authority.*   * Identify handwashing, warewashing and food preparation sinks. * Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. * Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable. * Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). * Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.   ***Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).*** | | | | | | | |
| **Signature:** | | | | | **Date:** | | |
| **Print Name:** | | | **Title:** | | | | |