

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

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		<b>Projected Start Date:</b> _____ <b>Projected Completion Date:</b> _____		
<b>TYPE OF FOOD OPERATION:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <input type="checkbox"/> Other: _____				
<b>FOOD ESTABLISHMENT INFORMATION</b>				
<b>Name of Establishment:</b> _____				
<b>Establishment Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>OWNERSHIP INFORMATION</b>				
<b>Name of Owner:</b> _____				
<b>Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>Email:</b> _____		<b>Phone Number:</b> _____		
<b>APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)</b>				
<b>Applicant Name:</b> _____		<b>Contact Person:</b> _____		
<b>Applicant Mailing Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____	<b>ZIP:</b> _____
<b>Email:</b> _____		<b>Phone Number:</b> _____		
<b>FOOD OPERATION INFORMATION</b>				
<b>Hours/Days of Operation</b> <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	<b>Restaurant Seating Capacity</b> # of Indoor Seats: _____ # of Outdoor Seats: _____  Square Feet of Facility: _____	<b>Type of Service (check all that apply)</b> <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	<b>Employees</b> Max per shift: _____  <b>Maximum meals to be served</b> <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____	
The following documents must be submitted along with this application:				
<input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – <b>Standard Operating Procedures or HACCP plans may be required.</b>				
<input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:				
<ul style="list-style-type: none"> <li>• 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).</li> <li>• Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i></li> <li>• Identify handwashing, warewashing and food preparation sinks.</li> <li>• 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.</li> <li>• Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.</li> <li>• Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11).</li> <li>• Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.</li> </ul>				
<i>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).</i>				
<b>Signature:</b> _____		<b>Date:</b> _____		
<b>Print Name:</b> _____		<b>Title:</b> _____		

