



31927 State Route 93  
McArthur, OH 45651  
Phone: 740-596-0473  
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## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_\_NEW

\_\_\_\_REMODEL

\_\_\_\_CONVERSION

Name of Establishment: \_\_\_\_\_

Type of Operation: Food Service Operation \_\_\_\_\_ Retail Food Establishment \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Hours of Operation: Sun \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Indoor Dining Seats: \_\_\_\_\_

Number of Outdoor Dining Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be Served: Breakfast \_\_\_\_\_  
(approximate number) Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: Sit Down Meals \_\_\_\_\_  
(Check all that apply) Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Single Use Utensils \_\_\_\_\_  
Multi-Use Utensils \_\_\_\_\_  
Other \_\_\_\_\_

Is there a time in lieu of temperature variance going to occur, if so what?

\_\_\_\_\_  
\_\_\_\_\_

Enclose the following documents:

\_\_\_\_\_ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off site and banquet menus)

\_\_\_\_\_ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services

\_\_\_\_\_ Equipment schedule including location, plumbing, drain and electrical connections

\_\_\_\_\_ Manufacturer specification sheets for each piece of equipment to be used on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system – if applicable)

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Vinton County Health Department may nullify final approval.

Signature \_\_\_\_\_

Owner or responsible representative

Printed Name \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Approval of these plans and specifications by the Vinton County Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment with equipment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Plan Review Fee (50% of local licensing fee): \_\_\_\_\_

Receipt #: \_\_\_\_\_