

## PLAN REVIEW CHECKLIST

Plans required of all NEW or REMODELED Food Service Establishments.

|     |                                                                                                                                      |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Owner(s) name, address and telephone number(s).                                                                                      |
| 2.  | Name and street address of proposed establishment.                                                                                   |
| 3.  | Copy of proposed menu.                                                                                                               |
| 4.  | Detail floor plan to scale showing dimensions, location of all equipment, restrooms, plumbing fixtures, seating, water heaters, etc. |
| 5.  | Site plan showing dumpster location outside, hose bibs, storage units, etc.                                                          |
| 6.  | Schedule of floor, wall and ceiling materials for each area including dry storage.                                                   |
| 7.  | Cross section drawings of self serve buffets, serving lines showing sneeze guards.                                                   |
| 8.  | Capacity and rating of hot water equipment including make and model number.                                                          |
| 9.  | Indicate source of water supply and method of waste water disposal.                                                                  |
| 10. | Specifications on equipment not NSF (National Sanitation Foundation) approved.                                                       |
| 11. | Plans must be submitted to the local county Health Department at least 15 days prior to construction                                 |