



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

(APPROVAL IS REQUIRED PRIOR TO CONSTRUCTION OR REMODEL)

Date: _____ Project start date: _____ Projected completed date: _____

Type of construction (select one): _____ New _____ Remodel

Type of food establishment (select all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Grocery store | <input type="checkbox"/> Satellite food distribution site |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Hospital | <input type="checkbox"/> School / Childcare kitchen |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Meat market | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Concession stand | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Vending / Micro market |
| <input type="checkbox"/> Food manufacturing | <input type="checkbox"/> Retail market | <input type="checkbox"/> Other: _____ |
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Name of person submitting plans: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of establishment: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Owner: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Plans: _____ Three (3) complete sets and two (2) additional sets of plumbing plans included

- FULL SIZE SHEETS (11" x 17" MIN. PLANS MUST BE LEGIBLE. SHEETS LARGER THAN 11" x 17" MAY BE REQUIRED)
- PLANS DRAWN TO SCALE OF OPERATION (DIMENSIONS) SHOWING AND IDENTIFYING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES, MECHANICAL VENTILATION, ETC.
- REVIEW FEE: \$150 – PAYABLE TO THE NORTHERN KENTUCKY HEALTH DEPARTMENT

Proposed menu (select one): _____ Full menu included _____ List attached of all food and drinks

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT A MENU)

Equipment: _____ Manufacturer specification sheets included

- MANUFACTURER SPECIFICATION SHEETS FOR EACH PIECE OF EQUIPMENT SHOWN ON THE PLAN, INCLUDING MAKE AND MODEL NUMBERS. SERIAL NUMBERS NOT REQUIRED.

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT MANUFACTURER SPECIFICATION SHEETS)

Water heater information: _____ Manufacturer specification sheet included

_____ Gas (BTUs): _____ _____ Electric (kW): _____ _____ Tank _____ Tankless

Manufacturer: _____ Model : _____

Water storage capacity (gallons): _____ Number of tankless water heaters: _____

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT WATER HEATER INFORMATION AND SPECIFICATION SHEET)

Sanitary structural facility information:

- PROVIDE FINISH DETAILS, INCLUDING COLORS AND MATERIALS USED ON WALLS, FLOORS, CEILINGS, COVE MATERIALS, AND FOOD SERVICE COUNTERS. NOTE IF INFORMATION IS DETAILED IN PLANS.

Employee accommodations:

Explain where employee personal items are stored.

Operational plans:

Select the special processes used in this food establishment (select all that apply):

- Acidification (e.g. sushi rice) Fermenting / Pickling ROP packaging
 Curing Juice processing Smoking (preserve)
 Custom processing (wild game) Shellfish tank Sprouting

Will this food establishment do any of the following (select all that apply):

- Catering
 Dogs on Patio
 Non-Continuous / Par cooking
 Food transported to other locations (e.g. catering, satellite kitchen, etc.)
 Food to be sold to other food establishments
 Food items served raw and/or undercooked, including sushi and oysters
 Time used as a public health control

Number of floors on which operations are conducted: _____

Type of sanitizer that will be used:

- Chlorine Quaternary ammonium Other: _____
-

I certify that the information in this application is correct, and I understand that any changes without prior approval from The Northern Kentucky Health Department may delay or prevent plan review and/or the timely opening of this establishment.

Name (print): _____ Owner Owner's representative

Signature: _____ Date: _____