



FOOD ESTABLISHMENT E-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):

- Assisted living, Bakery, Bar, Concession stand, Food manufacturing, Grocery store, Hospital, Meat market, Restaurant, Retail market, Satellite food distribution site, School / Childcare kitchen, Warehouse, Vending / Micro market, Other: _____

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: One (1) complete set and one (1) additional sets of plumbing plans included

- FULL SIZE SHEETS (24" x 36")
- 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)

Plumbing, Electrical, HVAC:

- Plumbing: Any exposed plumbing (waste/supply) lines: Yes (provide reasoning and location below) No
- Electrical: Any exposed conduit: Yes (provide reasoning and location below) No
- HVAC: Any exposed ductwork: Yes (provide reasoning and location below) No

Sanitary structural facility information:

- PROVIDE FINISH DETAILS, INCLUDING COLORS AND MATERIALS USED ON WALLS, FLOORS, CEILINGS, COVER 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: _____