



STATE OF FLORIDA
DEPARTMENT OF HEALTH

**FOOD SERVICE ESTABLISHMENT
PLAN REVIEW APPLICATION**

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a set of scaled plans, for both new and remodeled establishments, showing all kitchen equipment with specifications, plumbing fixtures, bars, storage areas, etc. Also, submit the proposed menu listing specific foods. Submit all the above to the Environmental Health (EH) office of the County Health Department. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

Plan Review Type: ☐ New ☐ Remodel **Property Appraiser Assessed Value (if remodel):** \$ _____

Printed Name of Property Appraiser: _____

Signature of Property Appraiser: _____ **Date:** _____

Name of Establishment: _____

Establishment Address: _____
Street City State ZIP Code

Owner/Owner's Representative Name & Title: _____

Owner/Owner's Representative Address: _____
Street City State ZIP Code

Phone Number: _____ **Email:** _____

Type of Food Service Establishment:

Bar/Lounge ☐ Concession Stand ☐ Detention Facility ☐ Mobile Food Unit ☐ Fraternal/Civic ☐

Movie Theater ☐ School ☐ Residential Type Facility (List Type) _____

(Full Service Operation: ☐ Limited Prep: ☐ Packaged Products Only: ☐)

Projected Start Date of Project: _____ **Projected Completion Date of Project:** _____

Is property on an onsite sewage system (septic tank)? ☐ Yes ☐ No (If yes, submit a completed evaluation of capacity.)

Is property served by an onsite/private well? ☐ Yes ☐ No (If yes, submit a completed evaluation of capacity.)

Plans have been submitted to (circle all that apply): Zoning Plumbing Planning Fire Authority Building

The undersigned owner/owner's representative hereby agrees to operate in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Owner/Owner's Representative Name & Title

Owner/Owner's Representative & Date