



# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

## SECTION I: PROJECT INFORMATION

**FOOD ESTABLISHMENT INFORMATION:**

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

**TYPE OF FOOD ESTABLISHMENT (select all that apply):**

<input type="checkbox"/> Bakery <input type="checkbox"/> Bar <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Caterer <input type="checkbox"/> Commercial Cafeteria <input type="checkbox"/> Commissary <input type="checkbox"/> Confectionery	<input type="checkbox"/> Delicatessen <input type="checkbox"/> Food Manufacturing <input type="checkbox"/> Hotel/Motel Continental Breakfast <input type="checkbox"/> Licensed Healthcare Facility <input type="checkbox"/> Meat Market <input type="checkbox"/> Produce Market <input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Food Market <input type="checkbox"/> Satellite Food Distribution Site <input type="checkbox"/> School Kitchen <input type="checkbox"/> Snack Bar <input type="checkbox"/> Warehouse <input type="checkbox"/> Other:
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Owner/Operator Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner/Operator Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**PROJECT CONTACT INFORMATION:**

Contact Person Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SECTION II: TYPE OF WORK & PLAN REVIEW FEES

- NEW
  MAJOR REMODEL
  MINOR REMODEL

**Provide Scope of Work:**

PE Code	NEW & MAJOR REMODEL CONSTRUCTION	FEES	
1675	New or Major Remodel - Up to 500 square feet	\$504.00 (3.5 hrs)	
1676	New or Major Remodel - 501 to 1,000 square feet	\$722.00 (5 hrs)	
1677	New or Major Remodel - 1,001 to 6,000 square feet	\$937.00 (6.5 hrs)	
1678	New or Major Remodel - Over 6,000 square feet	\$1,157.00 (8 hrs)	
<b>OTHER</b>			
1670	Minor Remodel	\$420.00 (3 hrs)	
1670	Additional Review Time	\$140.00/hr	
1674	Minor Remodel – Single Piece of Equipment	\$140.00 (1 hr)	
1659	Preliminary Inspection	\$140.00/hr	
7001	Automation Fee / Software Maintenance Fee	\$22.00	

The plan review fee includes plan check review, any communication regarding the plan check progress, a Final/ Construction opening inspection. The plans will be approved or rejected within **20 working days** after receipt of the payment for the total service fee balance. The Project Contact Person will be notified of the decision in writing. If additional time is required beyond the plan review fees time spent, the current Environmental Health hourly rate will apply.

**All approved drawings are valid for the construction, reconstruction, alteration, or other work authorized by the approval within 180 days from the date of approval. If the work authorized is not commenced within 180 days a fee of fifty percent (50%) of the plan check service fee will be charged. Any code changes that render the previously authorized plans void will prompt a new plan revision and full plan review service fees.**

### SECTION III: EQUIPMENT INFORMATION

1. In the table below, check the box for any equipment that will be **Installed/Replace**. List the **quantity, manufacturer, model number**, Type of American National Standards Institute (**ANSI**) equipment (UL, NSF, ETC, SA, CE, CSA, ETL) and submit the equipment **specification cutsheet** to our office.
2. Each item the **installed/replace box is check** must be depicted in the site-specific floor plans.
3. Equipment not listed below, attached a separate page.

Item#	Equipment	Installed/ Replace	Quantity	Manufacturer Name	Model Number	Type of ANSI
1	3-Compartment Sink	<input type="checkbox"/>				
2	Dishwasher w/Sanitizer	<input type="checkbox"/>				
3	High Temp Dishwasher	<input type="checkbox"/>				
4	Handwashing Sink	<input type="checkbox"/>				
5	Preparation Sink	<input type="checkbox"/>				
6	Janitorial/Mop Sink	<input type="checkbox"/>				
7	Floor Sink	<input type="checkbox"/>				
8	Floor Drain	<input type="checkbox"/>				
9	Refrigerator	<input type="checkbox"/>				
10	Reach in Refrigerator	<input type="checkbox"/>				
11	Walk-in Refrigerator	<input type="checkbox"/>				
12	Freezer	<input type="checkbox"/>				
13	Reach in Freezer	<input type="checkbox"/>				
14	Walk-in Freezer	<input type="checkbox"/>				
15	Ice Machine	<input type="checkbox"/>				
16	Exhaust Hood (Type I)	<input type="checkbox"/>				
17	Vapor Hood (Type II)	<input type="checkbox"/>				
18	Grill	<input type="checkbox"/>				
19	Fryer	<input type="checkbox"/>				
20	Burner Stove	<input type="checkbox"/>				
21	Convection Oven	<input type="checkbox"/>				
22	Food Prep Table	<input type="checkbox"/>				
23	Steam Table	<input type="checkbox"/>				
24	Salad Bar	<input type="checkbox"/>				
25	Soda Dispenser	<input type="checkbox"/>				
26	Blender	<input type="checkbox"/>				
27	Water Heater	<input type="checkbox"/>				
28	Grease Trap	<input type="checkbox"/>				
29	Sneeze Guard	<input type="checkbox"/>				
30	Dipper Well	<input type="checkbox"/>				
31	Coffee Brewer	<input type="checkbox"/>				
32	Coffee Grinder	<input type="checkbox"/>				
33	Espresso Machine	<input type="checkbox"/>				
34	Storage Shelving	<input type="checkbox"/>				
35	Employee Lockers	<input type="checkbox"/>				
36	Door Activated Air Curtain	<input type="checkbox"/>				
37	Garbage Dumpster	<input type="checkbox"/>				
38	Others:	<input type="checkbox"/>				

**SECTION IV: ROOM FINISH SCHEDULE**

<b>Room or Area</b>	<b>Floor</b>	<b>* Floor Base or Cove</b>	<b>Walls</b>	<b>Ceiling</b>
<b>Example: Kitchen Area</b>	Smooth quarry tile	Quarry tile 3/8-inch radius	Stainless steel; aluminum; ceramic tile	Plastic coated or metal clad fiberboard
<b>Kitchen Area</b>				
<b>Dishwashing Area</b>				
<b>Handwash Sink</b>				
<b>Restroom</b>				
<b>Food Storeroom</b>				
<b>Janitorial/ Mop sink</b>				
<b>Employee Locker Area</b>				
<b>Walk-in refrigerator</b>				
<b>Trash Enclosure</b>				

\*Floor surfaces shall continue up the wall for at least 4-inches forming a 3/8-inch radius at the floor/wall junction in all kitchens, food prep areas, areas where food is stored in opened containers, janitorial rooms, toilet rooms, rooms where any utensil is washed, and other related areas.

## SECTION V: FOOD FACILITY OPERATIONS

1. Potable Water Source:

- Public: Provide the name of the Public Water System: \_\_\_\_\_
- Private Well - contact our Water Program for the requirements.

2. Liquid Waste Disposal:

- Public: Provide the name of the public sewage system: \_\_\_\_\_
- Private Sewage - contact our Liquid Waste Program for the requirements.

3. Provide a copy of the facility **MENU** with the Plans for review.

**Describe How the Food Will be Distributed to the Public** (i.e. All food on-site is stored/displayed sold in prepackaged state, food preparation occurs, unpackaged beverages):

**To determine equipment and refrigeration needs, check left column below of the type of food preparation to take place at this food facility. On the right column, check the type of operations which will occur at this facility.**

Food Item Prepared	Food Operation
Meat/meat dished	Refrigeration/Freezing of foods
Fish/fish dishes	Cooking of foods
Poultry/poultry dishes	Cooling foods after they have been cooked or heated
Shellfish	Holding hot foods for more than 30 minutes
Rice, beans and or cheese dishes	Reheating foods which have been prepared onsite
Baked foods	Preparing foods for next day service
Gravies, sauces, or soups	Washing produce
Sandwiches/Salads/Pastas	Washing meat, fish, poultry
Barbecue	Raw or undercooked foods (Sushi, wellness)
<b>NO FOOD PREPARATION WILL TAKE PLACE</b>	Other: Special Processes (ROP, Cook-chill Sous-vide, Dehydrating, etc.) _____

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions issued, pursuant to the California Health and Safety Code, and all applicable local ordinances. I understand any change without prior approval from Madera County Environmental Health Division may delay or prevent timely opening of this food establishment.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Division Office Use Only**

SR: \_\_\_\_\_

AR: \_\_\_\_\_

IN: \_\_\_\_\_

PAID ON: \_\_\_\_\_

**Comments:**