



- Completion of this form does not constitute authorization to open an establishment.
- All establishments must be inspected and permitted prior to operation.
- A plan review fee of \$175 is required for each application

Purpose of Application

- New Construction Major Remodel Change of Service Change of Ownership Advance Consultation

Type of Application (Check all that apply)

- Retail Food Establishment (Includes Child/Adult Care Centers)
 Commercial Pool/Spa/Public Interactive Water Feature
 Other: _____

Site Type (Check all that apply)

- Restaurant Bakery Donut Shop Fast Food C-Store Grocery Store Catering Service Bar Mall/Shopping Center
 Commissary School Nursing Home Medical Facility Assisted Living Child/Adult Care Center Church Mobile Home Park
 H.O.A. Apartment Complex Camp Athletic Complex Resort Motel Hotel Golf Club Other: _____

Establishment and Owner Information

Name of Establishment: _____

Physical Address: _____

Name of Owner: _____

Owner Mailing Address: _____

Owner Telephone: _____ Alternative #: _____

Owner Email Address: *(Required)* _____

Applicant Information Same as above

Applicant Name: _____

Title (owner, manager, contractor, etc.): _____

Applicant Telephone: _____ Alternative #: _____

Applicant Email Address: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Documentation required to be submitted with this application: (Not applicable for required advance consultation)

- Floor Plan with All Required Contents of the Floor Plan Guidance Document.
- Supplemental information Specified in the Plan Review Guidance Document.

Office Use Only

Date Received: _____	Menu: _____	CFM: _____	501(c)(3): _____	Floor Plan Received: _____	Floor Plan Approved: _____
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FOOD ESTABLISHMENT PLAN REVIEW GUIDANCE DOCUMENT

To be completed by the owner/operator and submitted to the Angelina County and Cities Health District Environmental Division with application. Failure to do so may result in delays.

Date: _____ New Construction Major Remodel Change of Service Change of Ownership

Contact Information

Name of Establishment:	
Operating Address:	
Applicant's Name and Title:	
Phone #:	Email Address:

Operating Information

Operating Hours:	Number of Staff per Shift:
Number of Seats:	Total Square Feet of Facility:
Number of Restrooms:	Number of Floors:
Projected Number of Plates per Day:	Frequency of Food Deliveries:

Material Checklist – The following documents are **REQUIRED** to complete your review:

- Detailed Proposed Menu**
 - Including seasonal, off-site catering, and banquet menus
- Equipment Schedule**
 - ANSI equipment schedule i.e. equipment certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified
 - PROVIDE manufacture's name and model numbers
 - NON-ANSI Equipment Schedule (Subject to ACCHD approval)
 - PROVIDE manufacture's name, model numbers and manufacture's specification sheets
- Site Plan**
 - Showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, septic system etc.).
- Floor Plan of Food Establishment**
 - Showing location of equipment, plumbing, electrical services and mechanical ventilation
 - Professionally drawn to scale ¼" renderings on an 11" x 17" paper minimum
- Reflected Ceiling Plan/Lighting Plan**
- Finish Schedule**
- Plumbing Plan**

Food Manager Knowledge – facility has (check all that apply):

- A designated person in charge that is a Certified Food Manager and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the REGULATIONS will be available during all hours of operation (REQUIRED)
- A written Employee Health policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- A written policy reporting imminent health hazards to a regulatory authority.
- A written policy for employees to follow when cleaning up a contamination event.
- Consumer advisory on menu to notify customers that specify animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processes to eliminate pathogens.

* 3-compartment sink w/drain boards _____	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Chemical <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat
4-compartment sink w/drain boards _____	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Chemical <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat
Ware washing Machine _____	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Chemical <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat
Other: _____	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Chemical <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat

Insect and Rodent Control

Area	Air	Screening/Weather	Self-Closure	Dock Boots		
	Curtain	Stripping				
Food Preparation Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Receiving Doors/Dock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Name of contracted pest control company? _____						

Finish Schedule – Complete ONLY if not otherwise provided in plans. See Plans

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

Location	Floor	Wall	Ceiling	Base Covering
Food Prep Areas	_____	_____	_____	_____
Storage Areas	_____	_____	_____	_____
Hand/Dump Sinks	_____	_____	_____	_____
Ware Washing	_____	_____	_____	_____
Restrooms	_____	_____	_____	_____
Mop Room/Garbage	_____	_____	_____	_____
Outside Dumpster Areas	_____	_____	_____	_____
Walk-in Refrigerators/Freezers	_____	_____	_____	_____
Bars	_____	_____	_____	_____
Patio	_____	_____	_____	_____

Lighting Schedule – Complete ONLY if not otherwise provided in plans. See Plans

Location	Fixture Type	Shielded	Illumination @ 30 inches	(Foot Candles)
WIC/WIF/Dry Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No	10 FTC	
Mop/Garbage Rooms		<input type="checkbox"/> Yes <input type="checkbox"/> No	10 FTC	
Customer Self-Service Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTV	
RIC/RIF/Under-counter Units (Inside)		<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC	
Ware wash/Hand wash Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC	
Equipment/Utensil Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC	
Restrooms		<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC	
Food Prep Areas Including Bar		<input type="checkbox"/> Yes <input type="checkbox"/> No	50 FTC	<input type="checkbox"/> NA

Water Supply/Plumbing Connections

Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private – Provide a copy of ANRA license and service contract.

Ice:	<input type="checkbox"/> NA	<input type="checkbox"/> Made on site – provide machine specifications	<input type="checkbox"/> Purchased Commercially
Hot Water:	Recovery capacity of hot water system: _____	_____ # Gallon Capacity	
Backflow Protection			
	<i>RPZ – Reduced Pressure Assembly</i>	<i>AVB – Atmospheric Vacuum Breaker</i>	
Hose Bibs	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Carbonator	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Chemical Dispensers	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Other: _____	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____

Sewage Disposal

Sewage Disposal	<input type="checkbox"/> Municipal System	<input type="checkbox"/> Private – attach copy of permit/approval)	
Refrigeration Condensation	<input type="checkbox"/> Evaporation Pans	<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Other: _____
Light Stations/Sumps	Describe: _____		

Garbage, Refuse, Grease Collection

Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Location: _____		
Dumpster Provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Name of Company? _____
Grease Collection Method – Check all that apply <input type="checkbox"/> NA		
<input type="checkbox"/> Disposed of as Solid Waste	Contractor: _____	
<input type="checkbox"/> Grease Interceptor/Trap	Location: _____	Contractor: _____
<input type="checkbox"/> Grease Machine	Location: _____	Contractor: _____
<input type="checkbox"/> Grease Recovery System	Location: _____	Contractor: _____

Linens/Laundry Service

Location:	<input type="checkbox"/> Onsite – (Provide Details)	<input type="checkbox"/> Offsite – Professional Service Contract (Provide Name)	
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> NA
Details/Service Contract: _____			

Employees Dressing Areas & Lockers/Other Suitable Facilities (Personal Items Storage)

Describe location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas: (Use additional blank sheet if needed)

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.

Signature(s): _____
 Title(s): _____ Date: _____

Approval of these plans and specifications by Angelina County and Cities health District (ACCHD) does not indicate compliance with and other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required for commencing operations.

For Office Use Only

Reviewed with Operator on (date): _____ Accepted Denied Amt. Paid _____

Approved – no conditions Approved – Conditional on stipulations noted on Preliminary Checklist/Plan Review Checklist

Not Approved – Reason _____