



Plan Review Fee: 40% of total license fee

☐ New

☐ Extensive Remodeling

Public Health
Prevent. Promote. Protect.
Zanesville-Muskingum County

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____

Category: ☐ Restaurant ☐ Institution ☐ Retail Market ☐ Other _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc): _____

Mailing Address: _____

Telephone: _____

E-mail: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Mid-East Ohio Building Dept./COZ

_____ Zoning (local)

_____ EPA – Water/Sewage

_____ Plumbing

Approval or exemption notice is required for all above authorities prior to approval to operate.

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Projected Date for Start of Project: _____

IMPORTANT NOTICE

PLEASE REVIEW AND INITIAL

Ohio Administrative Code Rule 3717-4.1(KK) requires that **ALL** food equipment shall be approved by a recognized food equipment testing agency. Examples of approved certifications may be found below:



Please note that any equipment that does not meet these certification requirements will **NOT** be approved and will need to be replaced. Please contact Environmental Health at 740-454-9741 for any questions regarding certification status of equipment.

I have reviewed the requirements above and understand that I am responsible for verifying the certification status of any equipment before purchase.

Initials: _____ Date: _____

Projected Date for Completion of Project: _____

Type of Service: *(check all that apply)*

☐ Sit-down Meals

☐ Take Out

☐ Caterer

☐ Other _____

Revised 1-19

Please enclose the following documents:

- ☐ Proposed Menu (including seasonal, off-site and banquet menus)
 - *If applicable, include a customer advisory explaining the increased risk associated with eating some foods in a raw or undercooked form.*
- ☐ Manufacturer Specification sheets for each piece of equipment shown on the plan
- ☐ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (*dumpsters, well, septic system – if applicable*)
- ☐ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- ☐ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Label and locate food preparation sink(s).
4. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation, food dispensing, wait station and ware washing.
5. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
6. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks.
 - b. Complete finish schedules for each room including floors, walls ceilings and covered juncture bases.

- c. Location of exposed overhead waste- water lines if applicable.
- d. Lighting schedule with protectors;
 - (1) At least 10 foot candles at a distance of 30 inches above the floor, in walk-in refrigerator units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 20 foot candles:
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.
 - (b) Inside equipment such as reach-in and under-counter refrigerators.
 - (c) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms.
 - (3) At least 50 foot candles at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food equipment schedule to include make, model numbers and listing equipment that is certified or classified for sanitation by an NSF or equivalent certification program.
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
- g. Ventilation schedule for restroom and kitchen.
- h. A mop sink or curbed cleaning facility with facilities for hanging wet mops.
- i. Garbage can washing area/facility.
- j. Cabinets for storing toxic chemicals.
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack.

Please answer the following questions

Food Supplies:

1. How will dry goods be stored off the floor? _____

2. Are containers constructed of safe materials to store bulk food products? ☐ YES ☐ NO
Indicate type: _____

Cold Storage:

1. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? ☐ YES ☐ NO

If YES, how will cross-contamination be prevented?

2. Is ice made on premises () or purchase commercially ()?

If made on premise, are specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of icemaker or bagging operation: _____

Thawing of time/temperature controlled for safety (TCS) foods:

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	
Refrigeration	
Running Water Less than 70°F Where: _____	
Microwave (as part of Cooking process)	
Cooked from Frozen state	
Other (describe)	

Hot/Cold Holding:

1. How will hot TCS foods be maintained at 135°F or above during holding for service?
(Indicate type and number of hot holding units.)

2. How will cold TCS foods be maintained at 41°F or below during holding for service?
(Indicate type and number of cold holding units.)

-
3. If serving off site describe method for maintaining hot and cold temperatures during transportation and serving.
-
-

Cooling:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

Cooling Method	
Shallow Pans in refrigeration	
Ice Baths	
Reduce Volume or Size in refrigeration	
Blast Chiller	
Other (describe)	

Reheating:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F within 2 hours? (*Indicate type and number of units used for reheating foods.*)

Preparation / Serving:

1. Will food employees be trained in proper food sanitation practices? YES / NO
Method of training

2. Please indicate method used to prevent direct hand contact with ready to eat foods.

3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please describe:

-
4. Describe method and frequency for cleaning in place equipment and other food contact surfaces such as prep tables and cutting boards.
-
-
-

5. Will all produce be washed on-site prior to use? YES / NO
Is there a planned location used for washing produce? YES / NO
Describe: _____
-

6. Will the facility be serving food to a highly susceptible population? YES / NO
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?
-
-
-

7. Will the facility serve raw or undercooked hazardous foods such as rare hamburger, sushi, or raw oysters? ☐ Yes ☐ No
If YES, please list types of food:
-
-

Finish Schedule:

Applicant must list which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware-washing				
Walk-In Refrigerators And Freezers				

Service Station				
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Insect And Rodent Control:

Please check appropriate boxes.

	Yes	No
1. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will all pipes & electrical devices chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is area around building clear of unnecessary brush and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>

Garbage and Refuse:

Inside

1. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will refuse be stored inside? If so, where? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>

Outside

4. Will a dumpster be used? Number _____ Frequency of pickup _____ Contractor _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

7. Describe location of used grease container:

8. Is there an area to store recycled containers? **Yes** **No**

☐ ☐

Describe:

Indicate what materials are to be recycled;

- ☐ Glass
- ☐ Metal
- ☐ Paper
- ☐ Cardboard
- ☐ Plastic

9. Is there any area to store returnable damaged goods? ☐ ☐

Indicate where:

Plumbing Connections:

*** Check method of backflow prevention**

	AIR GAP	AIR BREAK	VACUUM BREAKER	Other
Dishwasher				
Garbage Grinder				
Ice machines				
Ice storage bin				
Sinks a. Mop b. Handwash c. 3 Compartment d. food prep sink				
Steam tables				
Dipper wells				
Refrigeration condensate/ drain lines				
Hose connection				
Potato peeler				
Beverage Dispenser with carbonator				

Other				
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Water Supply:

1. Is water supply public or private? ☐ PUBLIC ☐ PRIVATE
2. If private, has source been approved? YES ☐ NO ☐ PENDING ☐
**Please attach copy of written approval and/or permit.*

Sewage Disposal:

1. Is building connected to a municipal sewer? YES ☐ NO ☐
2. If no, is private disposal system approved? YES ☐ NO ☐ PENDING ☐
**Please attach copy of written approval and/or permit.*

3. Are grease traps provided? YES ☐ NO ☐

If so, where? _____

Dressing Rooms:

1. Are dressing rooms provided? YES ☐ NO ☐
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

General:

1. Are chemicals stored separately from food and food containers? YES ☐ NO ☐
 Indicate location: _____

2. Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and food storage areas? YES ☐ NO ☐

3. Will linens be laundered on site? YES ☐ NO ☐

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

4. Is a laundry dryer available? YES ☐ NO ☐

5. Location of clean linen storage: _____

6. Location of dirty linen storage: _____

7. How will kitchen ventilation hood system be cleaned, by whom and frequency of cleaning?

Dishwashing Facilities:

1. Will sinks or a dishwasher be used for primary ware washing?

- ☐ Dishwasher
☐ Three compartment sink

2. Dishwasher:

Type of sanitization used:

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided? YES ☐ NO ☐

3. Do all dish machines have templates with operating instructions? YES ☐ NO ☐

4. Do all dish machines have temperature/pressure
gauges as required that are accurately working? YES ☐ NO ☐

5. Are there drain boards on both ends of the 3 compartment sink? YES ☐ NO ☐

6. What type of sanitizer is used in 3 compartment sink?

		Concentration or sanitizers indicated	test strips
Chlorine	<input type="checkbox"/>	_____	_____
Iodine	<input type="checkbox"/>	_____	_____
Quaternary ammonium	<input type="checkbox"/>	_____	_____
Hot water	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

Handwashing/Toilet Facilities:

1. Is there a handwashing sink in each food preparation, food dispensing and ware washing area? YES ☐ NO ☐

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ☐ NO ☐

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ☐ NO ☐

4. Is hand cleanser available at all handwashing sinks? YES ☐ NO ☐
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ☐ NO ☐
6. Are covered waste receptacles available in each restroom? YES ☐ NO ☐
7. Is hot and cold running water under pressure available at each handwashing sink?
YES ☐ NO ☐
8. Are all toilet room doors self-closing? YES ☐ NO ☐
9. Are all toilet rooms equipped with adequate ventilation? YES ☐ NO ☐
10. Is a handwashing sign posted at each handwashing sink? YES ☐ NO ☐

Date: _____

Receipt # _____

Total \$ _____



New Food Service/Retail Food Establishment Step by Step Guide to Licensing

- 1) Submit 2 sets of plans and plan review applications for food service and plumbing to Health Department with fees for review and approval.
- 2) Depending on the location of your establishment, Zoning or City of Zanesville Code Enforcement may require consult for plan approval and construction requirements. Please contact the applicable agency for a consult.
- 3) **Building** - Consult Mid-East Building Department for plan approval and construction requirements.
- 4) **Sewage Treatment** – If on public sewer contact sewer authority for connection. If your facility will be served by an onsite sewage treatment system you will need approval from OEPA or Health Department depending on the volume of waste water generated. Consult with Health Department sewage sanitarian for assistance.
- 5) **Water** – If public water is not available contact the Ohio EPA approval of the water system.
- 6) Consult with government agencies for permits and installation requirements. Once permits and approvals have been obtained you can start construction.
- 6) **Required Construction Inspections:**
 - a. **Plumbing Department**= Underground inspection, Rough-in-inspection, & Final Inspection
 - a. **Building Department**= Footers, Walls/Framing, Electrical & HVAC Rough In, Concrete, Insulation, Finishes, Final Inspection: Electrical, Mechanical, Structural, Hood/Fire Suppression
 - b. **OEPA** - water system installed, tested and approved
 - c. **OEPA or Health Department** – sewage system installed and approved
 - d. **Food Sanitarians Inspections** - call for final inspection after you have approvals from the above

You cannot sell food without a food license.

Contact information:

Health Department: (740) 454-9741 ext. 282

Mid-East Building Department: (740) 455-7905

Liquor Department: (614) 644-2360

OEPA: (800) 686-7330

County Water Department (740) 453-0670

County Sewer Department (740) 452-4940

Zanesville Water Department (740) 452-7111

Zanesville Sewer Department (740) 455-0641

City of Zanesville – Zoning (740) 614-4879

City of Zanesville – Code Enforcement (740) 617-4890