



**Food Safety Program
Plan Review Application**

Facility Name: _____ Facility Phone: _____

Facility Address: _____

Facility Email: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Owner Email: _____

Contact Person: _____ Contact Phone: _____

Contact Person Address: _____

Contact Person Email: _____

Reason for Plan Review (Circle One): New Facility Remodeling Existing Facility

Facility Served by Public Sewer: Yes No Facility Served by a Well: Yes No

Square Footage of Facility: _____

Applicant Signature

Date

LCHD Use Only

Sanitarian: _____

Plan Review Fee: \$ _____

Date Received: _____

Date Completed: _____

FSO: ____ RFE: ____ Small or Large

Commercial or Non-Commercial

Risk Level: I II III IV

Reason for Risk IV: _____

Licking County Health Department
Required Plan Review Supplemental Documentation

All plan review applications for a food service operation or retail food establishment must contain the following information and documentation:

1. The type of operation/establishment that will be operated, and the full menu or complete list of food items that will be sold at the facility.
2. The total square footage of the licensed food facility.
3. A site map of the property on which the facility is located. This should include parking areas, dumpster/trash receptacle locations, outdoor storage sheds, and water wells and/or septic systems (if applicable).
4. A floor plan of the facility that shows the location of all equipment, the location of all plumbing fixtures, entrances and exits, dining areas (including patios), and any other items relevant to the operation of the facility. The drawing must be legible and provide a clear depiction of the facility.
5. A lighting plan indicating the number of foot candles of light that are present in the food preparations areas, dishwashing areas, walk-in coolers (if applicable), restrooms, and storage areas. Indicate the type of shielding that will be used for lighting fixtures.
6. Building materials and surface finishes that will be used on the floors, walls, and ceilings in all facility areas.
7. A list of all equipment that will be used in the facility. The manufacturer name and model number need to be listed for each equipment item. All equipment must be designed for use in a commercial facility. Household equipment will not be permitted to be used in a facility licensed by LCHD.
8. If a ventilation hood is being used in the facility, a statement from the manufacturer of the hood or the Licking County Building Code Department is required indicating the hood is of adequate size and approved for its intended use.
9. Any facility that requires a plumbing permit from LCHD must have the plumbing approved prior to a license being issued by LCHD.
10. Any facility that requires permits from the Licking County Building Code Department must receive a Certificate of Occupancy prior to a license being issued by LCHD.

Our Food Safety Program provides approved person in charge certification courses and manager certification in food protection courses throughout the year. Course schedules can be found on our food safety program webpage: <https://lickingcohealth.org/food-safety-program/> There are approved online food safety course options available as well, and our staff will be happy to assist you in developing a food safety training plan that meets the requirements applicable to your facility as outlined in the Ohio Uniform Food Safety Code. Food safety certifications are to be kept on-site and made available for review during our food inspections.

Our staff will be happy to provide you with any information needed to complete the plan review process. If you have any questions please do not hesitate to contact us at 740-349-6475 and ask to speak with a member of our Food Safety Program staff. You can also email questions or submit completed paperwork to environmental@lickingcohealth.org