



Jackson County Health Department **Food Service/Retail Food Plan Review** **Application**

Date of Application: _____

New _____ Remodel/Alteration of Existing Food Facility _____

Name of Operation/Establishment: _____

Category: _____ Food Service Operation _____ Retail Food Establishment

Types of Service: _____ Sit Down Meals _____ Take Out

_____ Catering off site to events _____ Delivery _____ Buffets _____ Grocery

Risk Level (See Attached Form): _____

Address of Proposed Facility

Phone (if available) _____

Name of Owner/Corporation _____

Mailing Address _____

Email _____

Phone _____

Contact Person _____

Applicant's Name _____

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

Phone _____

Email _____

Please submit a copy of the building's "Certificate of Occupancy" from the Division of Industrial Compliance, State Department of Commerce. We cannot issue a state food license unless a "Certificate of Occupancy" is obtained and approved:

_____ The Ohio Department of Commerce, Division of Industrial Compliance
If you don't have a "Certificate of Occupancy," then you must get a Building Permit. Please call (614) 644-2223, Div. of Industrial Compliance, State Dept. of Commerce
_____ City Building and Zoning Department, if applicable
_____ State Fire Marshall/Fire Inspector, if applicable
_____ Other _____

Projected Date for Start of Project: _____

Projected Completion Date: _____

Operational Information

Proposed Days and Hours of Operation:

Information that must be included with this application

1. Proposed menu if restaurant; if grocery then list types of foods sold*
2. Equipment list with equipment manufacturers and model numbers**
3. Facility Layout/Blueprints

* The licensor may place restrictions or conditions on the license limiting the types of foods that may be prepared or served by the food service operation or retail food establishment based on the equipment or facilities of the food service operation or retail food establishment. Limitations shall be posted on the back of the license.

** Food equipment to be used in a food service operation or retail food establishment shall be approved as specified under rule OAC 3717-1-4.1 (KK).

Information that must be provided on the Facility Layout
(OAC 3717-1-09)

- _____ The total area to be used for the food service operation or retail food establishment, including square footage;
- _____ All portions of the premises in which the food service operation or retail food establishment are to be conducted;
- _____ Entrances and exits;
- _____ Location, number and types of plumbing fixtures, including all water supplies;
- _____ Lighting plan with protectors listed, both natural and artificial, with foot-candles indicated for critical surfaces;
- _____ A floor plan showing the general layout of fixtures and other equipment;
- _____ Building materials and surface finishes to be used; (must include floors, walls, ceilings, and coving junctures for each area)

Required sinks in a food service operation or retail food establishment

- _____ **Separate hand washing sinks**, located in food preparation, ware washing areas, food dispensing areas and restrooms. Handwash sinks must be conveniently located, unobstructed, and easily accessible at all times during operation.
- _____ **A three-compartment sink**, large enough to accommodate immersion of the largest pieces of equipment or utensils within the operation or establishment.
- _____ At least **one service sink or curbed cleaning facility equipped with a floor drain** that is conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water.

*All sinks must be provided with proper 1” air gap between the water outlet pipe and the flood level rim of the wastewater line. Also, proper backflow preventions must be installed where required and per building code.

Water System and Sewage Treatment

Type of approved water supply:

_____ Public (County/Municipal) _____ Private Water System

Type of sewage disposal system:

_____ Public Sanitary Sewer System _____ Approved on-site sewage treatment system
(List Permit # for on-site sewage treatment system _____; or submit OEPA approval letter)

Note: "Sewage" means liquid waste containing animal or vegetable matter in suspension or solution and may include liquids containing chemicals in solution. (OAC 3717-1-01(B)(109))

Upon receipt of the plans, The Jackson County Health Department, Environmental Health Division, will begin its 30-day plan review.

Approval of the plans is dependent on meeting the specifications and requirements set forth in OAC 3717-1 of the Ohio Administrative Code.

Any deficiencies will result in disapproval and re-submittal of any required changes.

Signature of applicant _____ Date _____

Jackson County Health Department Food Program Contacts:

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David Ramby, REHS	(740) 286-5094 ext. 2836	dramby@jchd.us

For questions about sewage treatment or water supply contact:

Gary Radabaugh, REHS	(740) 286-5094 ext. 2829	gradabaugh@jchd.us
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