

BARTHOLOMEW COUNTY HEALTH DEPARTMENT

FOOD PROTECTION PROGRAM APPLICATION FOR PLAN REVIEW

Please complete the following, as is applicable to the retail food establishment. Plan Review Fee...\$50.00

Owner/Corporation Information

Engineer/Architect/Contractor

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Establishment Information: (Check One) _____ New Construction _____ Existing/Remodel

Contact Person Name & Title: _____ Contact Person Telephone #: _____

Establishment Name: _____ Establishment Telephone #: _____

Establishment Mailing Address: _____

Establishment Street Address: _____

Facility and Operating Plans as required in Section 111 of 410 IAC 7-24:

Please check those items submitted for review

- _____ Intended menu (What do you intend to serve)
- _____ Line drawing of proposed layout, mechanical drawings, construction materials, and finish schedules.
- _____ Proposed equipment types, manufacturers, locations, and dimensions.
- _____ Evidence that standard procedures that ensure compliance with Indiana State Department of Health Rule 410 IAC 7-24 are developed or are being developed.

NOTE: Other information may be required by the regulatory authority for the proper review of the proposed construction, conversion or modifications, and procedures for operating a retail food establishment.

Water Supply: _____ Public _____ Private **Sewage Disposal:** _____ Public _____ Private

Hours of Operation: _____ Days of Operation: _____ # of Employees Full _____ Part _____

Comments: _____

SIGNATURE OF APPLICANT

RELATIONSHIP TO PROJECT

DATE SIGNED

NOTE: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.