



# FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a set of scaled plans, for both new and remodeled establishments, showing all kitchen equipment with specifications, plumbing fixtures, bars, storage areas, etc. Also, submit the proposed menu listing specific foods. Submit all the above to the Environmental Health (EH) office of the County Health Department. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

**Plan Review Type:**  New  Remodel **Property Appraiser Assessed Value (if remodel):** \$ \_\_\_\_\_  
**Printed Name of Property Appraiser:** \_\_\_\_\_  
**Signature of Property Appraiser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
Street City State ZIP Code

Owner/Owner's Representative Name & Title: \_\_\_\_\_

Owner/Owner's Representative Address: \_\_\_\_\_  
Street City State ZIP Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Food Service Establishment:**  
Bar/Lounge  Concession Stand  Detention Facility  Mobile Food Unit  Fraternal/Civic   
Movie Theater  School  Residential Type Facility (List Type) \_\_\_\_\_  
(Residents/Clients Capacity: \_\_\_\_\_)

Projected Start Date of Project: \_\_\_\_\_ Projected Completion Date of Project: \_\_\_\_\_

Is property on an onsite sewage system (septic tank)?  Yes  No (If yes, submit a completed evaluation of capacity.)

Is property served by an onsite or private well?  Yes  No (If yes, submit a completed evaluation of capacity.)

Plans have been submitted to (circle all that apply): Zoning Plumbing Planning Fire Authority Building

The undersigned owner/owner's representative hereby agrees to operate in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Owner/Owner's Representative Name & Title \_\_\_\_\_

Owner/Owner's Representative Signature & Date \_\_\_\_\_