

St. Clair County Health Department

19 Public Square, Suite 150
 Belleville, IL 62220

Plan Review Application

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		Projected Start Date: _____ Projected Completion Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <input type="checkbox"/> Other: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			
Establishment Address: _____		City: _____	State: _____
OWNERSHIP INFORMATION			
Name of Owner: _____			
Address: _____		City: _____	State: _____
Email: _____		Phone Number: _____	
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____		City: _____	State: _____
Email: _____		Phone Number: _____	
FOOD OPERATION INFORMATION			
Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
The following documents must be submitted along with this application: <input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – Standard Operating Procedures or HACCP plans may be required. <input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below: <ul style="list-style-type: none"> • The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). • Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i> • Identify handwashing, warewashing and food preparation sinks. • Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. • Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable. • Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). • Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans. Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).			
Signature: _____			Date: _____
Print Name: _____		Title: _____	