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Health Commissioner



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## Licking County Health Department

675 Price Road Newark, OH 43055

### Food Safety Program Plan Review Application

Name of Facility: _____	
Facility Address: _____	
Facility Email: _____	Facility Phone: _____
Owner: _____ Owner Phone: _____	
Owner Address: _____	
Owner Email: _____	Owner Fax: _____
Contact Person: _____ Contact Phone: _____	
Contact Person Address: _____	
Contact Person Email: _____	Contact Person Fax: _____
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: \_\_\_ Type: \_\_\_\_\_ Risk Level: \_\_\_\_\_

## **Licking County Health Department Food Service Plan Review Factsheet**

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

1. The type of operation/establishment that will be operated and a sample menu for the facility
2. The total square footage of the facility
3. A drawing of the property on which the facility is located. This should include parking areas, dumpster/trash receptacle locations, 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, 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 preparation areas, dishwashing areas, walk-in coolers (if applicable), and food and equipment storage areas.
6. Building materials and surface finishes that will be used (floors, walls, and ceiling materials).
7. A list of the equipment that will be used in the facility. Please note that 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 indicating the hood is of adequate size 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 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 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 740-349-6535, and ask to speak to a member of our Food Safety Program staff. You can also email questions to [environmental@lickingcohealth.org](mailto:environmental@lickingcohealth.org)

