



Fayette County Health Department

Application for Plan and Review

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

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

Engineer/Architect Information:

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

Establishment Information:

(Check one) New Construction Existing/Remodel Project #: _____
 Establishment Name: _____
 Contact Person: _____ Title: _____
 Establishment Telephone #: _____ Contact Person Telephone #: _____
 Establishment Mailing Address: _____
 Establishment Street Address: _____
 Water Supply: Public Private Sewage Disposal: Public Private
 ♦ If private, do you have approval from the appropriate regulatory authority? YES NO
 Hours of Operation: _____ Days of Operation: _____

Contents and Specifications for Facility and Operating Plans as required in Section 431 of 410 IAC 7-20:

(Please check those items submitted for review)

Intended menu (What do you intend to serve)

Anticipated volume of food to be stored, prepared, and sold or served.

Proposed layout, mechanical schematics, construction materials, and finish schedules.

Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.

Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-20 are developed or are being developed.

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

Additional Information:

Comment: _____

 (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