



Champaign County Public Health Department  
**FOOD SERVICE PLAN REVIEW APPLICATION**

Plans: \_\_\_\_\_

Plan review fee:	_____
Date paid:	_____
Payment method:	_____

- CCPHD rules require plans to be reviewed and approved prior to beginning remodeling or construction.
- All initial plan review documentation must be submitted at the same time.
- Submit any subsequent plan changes for approval.
- Plan on approximately 45 CCPHD business days waiting time for your project to be reviewed.
- Be sure to contact the town/village government about your project.

FOOD ESTABLISHMENT INFORMATION (Please print or type)

Food establishment name \_\_\_\_\_

Establishment location address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT INFORMATION

Applicant name \_\_\_\_\_ Company name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Owner name (if different from applicant) \_\_\_\_\_

Owner phone number and/or e-mail address \_\_\_\_\_

SUBMIT THE FOLLOWING PLAN REVIEW DOCUMENTS:

- This plan review application
- Site plan showing location of buildings on site, garbage storage areas, any outside seating, etc.
- Floor plan drawn in a professional manner (for example, to scale: 1/4" = 1') showing locations of equipment (including shelving, counters, etc.), plumbing, light fixtures, electrical services, and mechanical ventilation. Must be easily readable.
- Finish schedule of floor, coving, wall, and ceiling materials and colors
- Equipment schedule
- Equipment details
  - New equipment specification (cut) sheets
  - Drawings/elevations of custom equipment
  - Pre-owned equipment shall be approved on a case-by-case basis
- Proposed menu
- Any agreements for shared/common toilet rooms not with the facility or any commissary agreements for mobile food establishments or shared use kitchens.
- Plan review fee (see fee schedule)

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BUSINESS INFORMATION

Proposed construction (check all that apply):  New  Remodel  Change of ownership  
 Stationary  
 Mobile

Type of services (check all that apply):

Dine in  Take out/drive through  Catering  Mobile food establishment  
 Seasonal/outdoor  Banquets  Beverages only  Food concession stand  
 Other \_\_\_\_\_

Square footage: \_\_\_\_\_ (Include kitchen, bar, storage, toilet rooms, customer self-service, etc.)

DECLARATION

- I declare that the information I have provided for plan review is correct.
- I agree to comply with the laws of the State of Illinois and the ordinances/rules of the Champaign County Public Health Department.
- I understand that failure to comply with the laws/ordinances/rules may result in delays in issuing my permit to operate.
- I have read the *Plan Review Construction Guide* document and agree to adhere to all items addressed in the document.
- I understand it is my responsibility to inform any other persons, e.g. owners, architects, contractors, regarding the *Plan Review Construction Guide*, the plan review application, and any CCPHD plan review comments and correspondence.
- I understand that prior to making future additions or modifications to the approved menu and/or equipment, it is my responsibility to contact CCPHD for review and approval beforehand.
- When a health permit is issued, I understand it is my responsibility to collect the architectural plans and specification sheets that were submitted to CCPHD. If they are not retrieved within two weeks of my permit being issued, I understand that the materials will be destroyed.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Please complete both sides of this application and submit with plans, other documentation and plan review fee to:



**Public Health**  
Prevent. Promote. Protect.