

# PLAN REVIEW APPLICATION



For office use only	
Plan review fee	\$ _____
Permit fee	\$ _____
Total remitted	\$ _____

Champaign County Public Health Department  
Environmental Health  
201 W. Kenyon Rd.  
Champaign, IL 61820  
Phone: 217/363-3269  
Fax: 217/373-7905  
www.c-uphd.org

## ***Please print clearly***

Facility name \_\_\_\_\_ New facility \_\_\_\_\_  
Address \_\_\_\_\_ Remodel project \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ New owner \_\_\_\_\_

The Champaign County Public Health Department (CCPHD) requires plans and specification brochures for all new construction and for the remodeling or renovation of existing establishments. The plans and equipment specification brochures are to be submitted to CCPHD prior to any construction, for review and acceptance in accordance with Rule 750.4140 of the *Champaign County Foodservice Sanitation Rules and Regulations* and Rule 760.4140 of the *Champaign County Retail Food Store Sanitation Rules and Regulations*. Specifications shall also be reviewed prior to purchase and installation. Construction and equipment layouts must be planned together. With good planning, every foodservice and retail store operation can have "built-in sanitation that benefits the owner(s) and meets current public health regulations.

***The plan review process will NOT begin until all of the following items have been received*** by the plan review staff of the CCPHD Environmental Health Division. *Items A-E from the list below must be submitted together.*

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- \_\_\_\_\_ A. Plan review application
- \_\_\_\_\_ B. Architectural plans
- \_\_\_\_\_ C. Equipment brochures
- \_\_\_\_\_ D. Menu
- \_\_\_\_\_ E. Plan review fees (***make check payable to Champaign County Public Health Dept.***)
- \_\_\_\_\_ F. Plan changes (submit for approval prior to any construction)

**Upon plan, equipment and menu approval, a letter will be issued to the applicant authorizing the start of construction.**

## ***Applicant information - please print clearly***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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