

PLAN REVIEW APPLICATION



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820
Phone: 217/373-7900
Fax: 217/373-7905
www.c-uphd.org

<i>For office use only</i>	
Plan review fee	\$ _____
Permit fee	\$ _____
Total remitted	\$ _____

Please print clearly

Facility name _____	New facility _____
Address _____	Remodel project _____
City _____ Zip _____	New owner _____

The Champaign-Urbana Public Health District (C-UPHD) 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 C-UPHD prior to any construction, for review and acceptance in accordance with Rule 750.4140 of the *Champaign-Urbana Foodservice Sanitation Rules and Regulations* and Rule 760.4140 of the *Champaign-Urbana 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 C-UPHD Environmental Health Division. *Items A-E from the list below must be submitted together.*

For office use only:

- _____ A. Plan review application
- _____ B. Architectural plans
- _____ C. Equipment brochures
- _____ D. Menu
- _____ E. Plan review fees **(do not submit any other fees at this time)**
(payable to C-U Public Health District)
- _____ 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 _____

E-mail address _____