

# 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

|                     |          |
|---------------------|----------|
| For office use only |          |
| 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 \_\_\_\_\_