



Champaign County Public Health Department
FOOD SERVICE PLAN REVIEW APPLICATION

Rolls of 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 30 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/OWNER INFORMATION

Applicant name _____ Company name _____
 Mailing address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail address _____
(at least one e-mail address is REQUIRED)

Owner name (if different from applicant) _____
 Owner mailing address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail address _____

SUBMIT THE FOLLOWING PLAN REVIEW DOCUMENTS (Paper copies only – no e-mail or USB drives):

Change of Ownership (owner has changed but concept and menu remain the same) -- submit the starred (★) items only. If making changes in layout/equipment, the other non-starred items are also required.

New (new construction, build-out of an existing structure, changeover in menu or concept) -- submit the starred items **PLUS** the non-starred items.

- This plan review application ★
- Plan review fee (see fee schedule) ★
- Proposed menu ★
- Site plan showing location of buildings on site, garbage storage areas, any outside seating, etc.
- One full-size 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 (list) specifying floor, coving, wall, and ceiling materials and colors
- Equipment schedule (list) of equipment to be installed, along with quantities of each
- Equipment details
 - New equipment specification (cut) sheets (available from equipment manufacturers)
 - Drawings/elevations of custom equipment
 - Pre-owned equipment shall be approved on a case-by-case basis (submit photos)
- If applicable, any agreements for shared/common toilet rooms not with the facility or any commissary agreements for mobile food establishments or shared use kitchens. ★

BUSINESS INFORMATION

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

Water source: Municipal Well
Sewage disposal: Municipal Septic system

Will other food or drink businesses/vendors be operating within your establishment? Yes No
If so, each vendor will need to go through plan review to obtain a health permit.

MISCELLANEOUS INFORMATION

Do you currently operate another food or drink establishment in Champaign County? Yes No

If yes: Name of business _____
Address _____ City/Village _____

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 (CCPHD).
- 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:

