



**Champaign-Urbana Public Health District**  
**FOOD SERVICE PLAN REVIEW APPLICATION**

Rolls of plans:	_____
Plan review fee:	_____
Date paid:	_____
Payment method:	_____

- CUPHD 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 CUPHD 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 CDs, USB drives, etc.):**

**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**

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.)

Water source:  Municipal  Well  
Sewage disposal:  Municipal  Septic system

**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-Urbana Public Health District (CUPHD), the City of Champaign and/or the City of Urbana.
- 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 CUPHD 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 CUPHD 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 CUPHD. 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.