



PLAN REVIEW APPLICATION

New Facility

Remodel

Change of Ownership

Establishment Information

Establishment Name: _____

Establishment Address: _____

City: _____ Zip: _____

Applicant Information

Name of Applicant: _____

Title (manager, contractor, etc.): _____

Phone Number: _____ Alt Phone: _____

Email: _____

Owner Information

Same as Applicant Information

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Establishment Information

Type of Establishment (Check all that apply): Restaurant Bar w/Food Service Grocery/Market
 Catering Service Carry Out Only Bar Only
 Mobile Unit Gas Station w/Food Sales
 Other, _____

Meals to be Served: Breakfast Lunch Dinner N/A

Time/Temperature Control for Safety Foods:

Please check "Yes" for all foods that will be handled, prepared, and served at the facility.

1) Thin meats, poultry, fish, eggs Yes
(hamburger, pulled pork, fillets)

2) Cuts of meat, whole poultry Yes
(roast beef, whole turkey/chicken)

N/A (Continue to next page)

3) Cold Processed Foods Yes
(salads, sandwiches, vegetables)

4) Hot Processed Foods Yes
(soups, stews, rice/noodles, gravy, casseroles)

5) Bakery Yes
(cookies, cakes, cream filled pastries, custards)

6) Other (please explain)

Food Supplies/Preparation

Please provide a list of all food supplier for the facility

(Example: Meat purchased from a USDA Licensed Facility or food from a permitted retail food store)

Name of Food Suppliers

Ice used at the facility will be:

___ Processed in an ice machine on-site ___ Purchased from an approved (permitted) source

Will raw meats, poultry and seafood be stored in the same refrigeration unit as cooked/cooled or ready to-eat foods?

- a. Yes
- b. No

If yes, explain how cross contamination will be prevented: _____

Will you offer catering?

- a. Yes
- b. No

Will you offer off-site food delivery?

- a. Yes
- b. No

Will alcoholic beverages be served?

- a. Yes
- b. No

Will any food be self-service (buffet)?

- a. Yes
- b. No

If yes, please list the food items and how contamination will be prevented:

Are all single service items protected from contamination? (Ex: Cup Holster)

- a. Yes
- b. No

Will any food items be stored or prepared at another location?

- a. Yes Name: _____ Address: _____
- b. No

Will any menu items require food to be cooked or hot held overnight?

- a. Yes
- b. No

Does the facility plan to cool and reheat previously cooked food items?

- a. Yes (walk-in cooler required)
- b. No

Does the facility plan to utilize a walk-in cooler and/or walk-in freezer?

- a. Yes
- b. No

Will refrigeration units be (circle all that apply):

- a. Purchased New
- b. Purchased Used
- c. This is a change of ownership, existing equipment will be utilized.

Note: For both (b) and (c), the equipment shall meet approval of the DeWitt-Piatt Health Department. Homestyle refrigeration units MUST be replaced with commercial refrigeration.

Will any food products be undercooked at the consumer's request?

- a. Yes
- b. No

Will any food items be vacuum packaged or canned?

- a. Yes
- b. No

Will any food items be smoked or cured?

- a. Yes
- b. No

Will you be selling food items to other permitted facilities?

- a. Yes
- b. No

Name of Facility: _____

Will you be thawing food items?

- a. Yes
- b. No

Method for thawing:

____ Sink under running water (70F or less) ____ In refrigeration unit

____ Cook from frozen ____ Defrost in microwave

Is the proposed equipment NSF or UL approved and commercial grade? (Refer to specification sheet)

- a. Yes
- b. No

Plumbing & Fixtures

What are the dimension of the three compartment sink?

Size of Drainboards: _____ inches Dimensions of Sink: ____L x ____W x ____H

Note: A three compartment sink is required at all facilities that prepare food items. Please note that a grease trap is required unless notified by Plumbing Inspector.

Does the facility plan to wash vegetables? (Prep Sink Required)

- a. Yes
- b. No

Do you have a floor mounted mop sink included in the facility plans? (required)

- a. Yes
- b. No

Please provide the size (capacity) of the hot water tank you have purchased/intend to purchase:
_____ gallons

Do you have a hand washing sink located within 25 feet of any food preparation area. Are hand washing sinks located in the dish room and main preparation area (minimum)?

- a. Yes
- b. No

Do you have plans to utilize a mechanical dish washing machine?

- a. Yes
- b. No

If yes, is the unit a high heat unit or chemical unit? ____High Heat ____Chemical

Have you contacted the State Plumbing Inspector to review your construction plans?

- a. Yes
- b. No

Note: The health department will not conduct an inspection or review plans until proof of contact with the Plumbing Inspector is provided. No matter the size of the project, all work must be completed by a licensed plumber and approved by the State Plumbing Inspector

Name of Licensed Plumber: _____ Lic# _____

Will a washer and dryer be utilized at the facility?

- a. Yes
- b. No

Storage

Do you plan to store items in an area separate from the facility? (Ex: Outdoor storage shed)

- a. Yes
- b. No

Please describe: _____

Will food/food preparation equipment/single service be stored 6 inches from the ground?

- a. Yes
- b. No

Note: Untreated wood shelves are prohibited. Please review menu to assure the proposed dry storage location is adequate in size to allow for all food items to be stored off the floor.

(Recommendations: Stainless steel shelving, galvanized wire shelving, dunnage racks.)

Ventilation

Class I Ventilation is required on equipment that produces grease laden vapors (burners, flat top, etc)

Class II Ventilation is required on equipment that produces heavy steam or condensation (dish machine).

Lighting

Is all lighting above food preparation areas, storage, self-service, and wait stations shatterproof or shielded?

- a. Yes
- b. No

Is there sufficient lighting in all areas of the facility?

- 1) At least ten (10) foot candles at a distance of thirty (30) inches above the floor.
 - Walk-in refrigeration units
 - Dry storage area

- 2) At least twenty (20) foot candles
 - Buffet, Salad Bar, or Other Self-Service
 - Produce or Packaged Food Displays
 - Inside Reach-In Cooler Unit
 - At a distance of thirty (30) inches above the floor in areas used for handwashing ware washing, equipment storage, and utensil storage
 - At a distance of thirty (30) inches above the floor in public restrooms.

- 3) At least fifty (50) foot candles
 - Food preparation areas
 - Areas where employee safety is a concern (Handling knives, slicers, grinders, etc)

Garbage Storage and Disposal

Will garbage be stored in durable, easily cleanable, and rodent proof containers?

- a. Yes
- b. No

Will an exterior dumpster be utilized?

- a. Yes
- b. No

Will the dumpster be stored on a smooth surface such as concrete or machine-laid asphalt?

- a. Yes
- b. No

Note: Storage on rock, loose gravel, grass, or dirt is prohibited. Dumpsters are prohibited from being stored on public sidewalks or roads. Approval from the City or Village must be obtained prior to storage in alleyways.

Finish Schedule

In the table below, please provide the materials used in all areas of the establishment.

Example:

	Floors	Walls	Ceilings	Coving	Counters
Kitchen	Ceramic Tile	FRP, Cookline-Stainless*	Grid Ceiling	Ceramic Tile	Stainless
Wait Station	Vinyl Tile	FRP	Painted Drywall	6" Rubber	Granite
Dining Area	Carpet	Painted	Painted Drywall	Wood Trim	NA
Storage Area	Vinyl	Painted	Painted Drywall	6" Rubber	Stainless Shelving
Bathrooms	Ceramic	FRP	Grid Ceiling	6" Rubber	Laminate
Utility Room	Vinyl	FRP	Grid Ceiling	6" Rubber	Stainless Shelving
Dish Washing	Vinyl	FRP	Grid Ceiling	6" Rubber	Stainless

* Stainless steel is required along cook line.

FRP = Fiberglass Reinforced Paneling. Required in areas with high moisture.

	Floors	Walls	Ceilings	Coving	Counters
Kitchen					
Wait Station					
Dining Area					
Storage Area					
Bathrooms					
Utility Room					
Other					

I hereby certify that all information is correct and that any discrepancies could result in a delay of the approval process or the completion and resubmission of a separate Plan Review Application.

Name (Print)

Date

Signature

Please submit this form and other necessary information to one of our locations:

DeWitt-Piatt Health Department
1020 S. Market Street
Monticello, IL 61856

DeWitt-Piatt Health Department
5924 Revere Road
PO Box 518
Clinton, IL 61727

FOR OFFICE USE ONLY	
Reviewed by: _____	Date: _____
Approved by: _____	Date: _____
Notes: _____	



PLAN REVIEW CHECKLIST

The following information must be submitted to the Health Department prior to inspection and opening. Please contact village government to inform the necessary individual(s) about the project. **Since plumbing is code enforced, proof of contact with the State Plumbing Inspector is required prior to the approval of a Plan Review Application.**

Facility Name: _____

DIMENSIONAL FLOOR PLAN: The dimensional floor plan must show all areas of a food service facility including:

- 1) Dining Area
- 2) Production/Preparation
- 3) Storage
- 4) Ware Washing/Dish Washing
- 5) Server Stations
- 6) Beverage Stations
- 7) Buffet Lines
- 8) Janitorial/Maintenance/Mop Rooms
- 9) Employee Lounge/Locker Rooms

Dimensional Plans Submitted to Health Department? Y or N Date Submitted: _____

EQUIPMENT LAYOUT & SCHEDULE: The layout and location of all equipment within the facility must be documented. Each piece of equipment must be labeled. The manufacturer and model number must be provided along with any specification sheets. **ALL EQUIPMENT MUST BE ANSI/NSF/UL APPROVED**

FINISH SCHEDULE: Indicates the type of material used on floors, walls and ceilings in all areas of the food establishment. This also includes cabinetry used in the facility.

Submitted to Health Department: Y or N Date Submitted: _____

Continued →

PROPOSED MENU: A menu that list all food items to be served at facility. It is important to list all information as these items are critical to the equipment that is used in the facility.

Submitted to Health Department: Y or N Date Submitted: _____

MECHANICAL SCHEDULE: Schedule of installation for electrical, gas, ventilation, and fire suppression.

Submitted to Health Department: Y or N Date Submitted: _____

Name of Individuals/Companies Completing Work:

Electrical _____

Gas _____

Ventilation _____

Fire Suppression: _____

PLUMBING SCHEDULE: Location of all plumbing fixtures including floor drains. Plans should include drainage of all sinks, ice machine/bins, refrigeration condenser lines, steams tables, buffet lines or anyother equipment items that discharge liquid waste. All plumbing must be inspected by the IDPH - Regional Plumbing Inspector. The contact number for the IDPH Regional Office: (217) 278-5900

*******NOTE: ALL PLUMBING WORK MUST BE COMPLETED BY A LICENSED PLUMBER*******

Submitted to Health Department: Y or N Date Submitted: _____

Name of Licensed Plumber: _____

Have you contacted the IDPH Plumbing Inspector? Y or N

Note: The request for plan review remains invalid until applicant provides proof that contact has been established with the Illinois State Plumbing Inspector

Signature

Date

OFFICE USE ONLY

Received by: _____ Date _____

Has all the necessary information been submitted to the health department? Y or N



PRE-OPENING INSPECTION CHECK LIST

Please review and verify prior to the request of an inspection from the health department.

- Facilities conform to approved plans. If no, have the changes been submitted to health department
- Plumbing Fixtures Installed by a licensed plumber and inspected by IDPH plumbing inspector.
- Documentation of Certified Food Handler available
- Thermometer available for determining the temperature of food items and ambient air temperatures in refrigeration units
- Chemical Test Strips are available for determining sanitizing concentrations
- All water-supplied equipment is properly located and drained
- All refrigerators and freezers are maintaining proper temperature
- All equipment meets ANSI/NSF/UL standards
- Adequate hot water is available at all faucets (Maintains 110F for fifteen (15) seconds)
- All food contact/non-food contact surfaces are smooth and easily cleanable
- All entrances are tightly sealed to prevent entrance of pest/rodents
- Dish machine operating at proper temperature or distributing liquid sanitizer at appropriate levels