Champaign County Public Health Department

FOOD SERVICE PLAN REVIEW APPLICATION

- 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 CDs, USB drives, etc.):

☐ This plan review application
☐ 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)
☐ Proposed menu
☐ Any agreements for shared/common toilet rooms not with the facility or any commissary agreements for mobile food establishments or shared use kitchens.
☐ Plan review fee (see fee schedule)
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.)

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: