



FOOD SAFETY PROGRAM

PLAN REVIEW SUBMITTAL PACKET

Facility Layout & Equipment Specifications

Summit County Public Health

1867 West Market Street

Akron, Ohio 44313-6901

Phone: (330) 926-5600 Fax: (330) 923-6436

www.scphoh.org

Licensing

Food businesses in Summit County are required by Ohio law to have a food service operation or retail food establishment license issued by Summit County Public Health (SCPH). All new food service operations/ retail food establishments and those performing extensive alterations or remodeling must complete the plan review process.

If you have any questions regarding plan approval or licensing, please contact the Food Safety Program at (330) 926-5600.

Getting Started

Step 1: Submittal of Plans (application should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application.
- Submit one (1) complete set of drawings and other applicable information for the facility.
- Submit menu or complete list of food and beverage items to be sold.
- Submit the plan review fee of \$550.00 made payable to Summit County Combined General Health District.

Step 2: Plan Review Process

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of the application and plan review fee.
- Plan review submittals not acted upon expire two (2) years upon receipt.

Step 3: Construction

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits through the Building Standards Department in your jurisdiction.
- Contact your local Fire Department for inspection of your facility.

Step 4: Inspection

- Prior to opening your establishment, you must pass a pre-licensing inspection by SCPH.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- You must submit written documentation that all of the building and/or fire inspections have been completed and passed before a license will be issued.
- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed. The license fee must be paid at this time. SCPH accepts checks or money orders.

Note: SCPH personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for re-inspections, if necessary.

For more information on how to fill out this packet and required submittal documents, see additional information starting on page 12.

Summit County Public Health Food Safety Program Plan Review Application

Office Use Only	
Amount Received: _____	
<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order
New _____	Remodel _____ Level: 1 2 3 4
Received by: _____	

Facility Information:

Name of Facility (i.e.: What is on your sign?): _____

Address: _____ Parcel #: _____

City: _____ State: _____ Zip: _____

Political Sub Division/ Village/ Township: _____

Non-Commercial: Yes No (if yes, a copy of your 501(c) (3) must be provided)

Applicant/ Operator Information:

(Be sure the name of licensee is the same name as appears on your liquor license; usually a person or corporation.)

Name of Licensee (ex: owner, LLC): _____

Phone: _____ Email: _____

Mailing Address for License Renewal: _____

City: _____ State: _____ Zip: _____

Contact Person (For Plan Review Response): _____

Title (Owner, Manager, Architect, etc.): _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Estimated Start Date _____ and Completion Date _____ for Construction (if applicable):

Estimated Opening Date: _____

Seating Capacity: _____ Proposed Hours of Operation: _____

Does the facility currently have a food license with SCPH? YES NO

Type of Establishment: (see page 14) Food Service Operation (FSO) Retail Food Establishment (RFE)

Total Square Feet of Facility: _____ **Square Footage of Facility Devoted to Food:** _____

Risk Level: (see page 13) Level 1 Level 2 Level 3 Level 4

Off-Premise Catering (as defined in ORC 3717.01(G)): Yes No

Contact has been made to: Building Fire Zoning ARAQMD (For Asbestos)

Operation Details

Are dine-in services provided? YES NO

Are retail sales provided? YES NO

Are take-out services provided? YES NO

Are buffet services provided? YES NO

Are food delivery services provided? YES NO

Are catering services provided (prepare food at the facility and serve at a function or event)? YES NO

Are outside grilling services provided? YES NO

Will the facility serve raw animal foods? YES NO

Will the facility package foods using reduced oxygen packaging? YES NO

Will the facility perform any activities that require a HACCP plan? YES NO

Will the facility perform any activities that require a variance? YES NO

Will the facility reheat leftover food in bulk quantities more than once every 7 days? YES NO

Will the facility serve a high-risk population (including immunocompromised or elderly)? YES NO

Food Handling

Will the facility freeze fish as a means of parasite destruction? YES NO

Will food product thermometers be used to measure final cooking temperatures of food? YES NO

Will the facility hold food using time as a public health control rather than temperature? YES NO

Will the facility prepare food using a non-continuous (par-cooking) cooking process? YES NO

Catering (if applicable)

Please include a list of your menu items to be catered.

Maximum number of catered meals per day: _____

How will hot food be held at proper temperature during transport and at the serving location?

How will cold food be held at proper temperature during transport and at the serving location?

What type of vehicle(s) will be used to transport food?

Food Protection & Storage

Please initial acknowledgement statements in the provided space

___ I acknowledge that the facility will have at least one person-in-charge per shift with a minimum of **Person-In-Charge (PIC) Certification in Food Protection** and I will enclose the certification(s) with this application.

___ I acknowledge that the facility will have at least one person-in-charge that has management or supervisory responsibilities with an Ohio Department of Health's **Manager Certification in Food Protection** (for risk level III and IV facilities) and I will enclose the certification(s) with this application.

___ I acknowledge that the facility will have a **written sick policy** that ensures food employees are informed (in a verifiable manner) of their responsibilities to report to the person-in-charge information about their health as it relates to diseases that are transmissible through food.

___ I acknowledge that the facility will have a **written procedure for responding to vomiting or diarrheal events** that addresses how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces.

___ I acknowledge that if my operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance (such as reduced oxygen packaging, smoking for preservation, bottling or canning), I will provide the required **written HACCP plan** with my application.

___ I acknowledge that each refrigerator, freezer, or warmer in the facility will have a **temperature measuring device**.

___ I acknowledge that **food shields** will be used to protect foods on display (if applicable).

___ I acknowledge that **thermometers** will be provided, readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured.

___ I acknowledge that the facility will have a minimum of **72 sq. ft. of shelving space** available for dry goods storage.

___ I acknowledge that **food will be stored at least 6 inches above the floor** on a non-porous surface.

___ I acknowledge that the required **menu or list of food items** to be prepared, served, or sold is enclosed with this application.

Equipment/ Utensils

___ I acknowledge that all equipment and utensils will be **commercially certified NSF** or equivalent.

___ I acknowledge that the required **equipment list with make and model numbers** is enclosed with this application.

___ I acknowledge that a **dipper well** will be provided for utensils that are used with moist foods such as ice cream, or mashed potatoes and are not stored in the product (if applicable).

___ I acknowledge that all **containers** used to store bulk food products will be **food grade** and constructed of safe materials designed to be in direct contact with food.

___ I acknowledge that to provide for easy cleaning, the facility's equipment be installed with:

- casters gas disconnects a seal at the wall and floor sufficient open space

Warewashing

___ I acknowledge that the facility will use the following warewashing method:

- Manual** **Mechanical + Manual**

***Please note that all facilities are required to have a three-compartment sink for sanitizing equipment, even if mechanical warewashing is available.**

The specifications for the primary hot water generator are: _____ **BTU/hr**; or _____ **KWH**; or _____ **gallons per minute** for tank-less water heaters @90° Fahrenheit rise.

- Will laundry facilities be located on premise? **YES** **NO**

Manual Warewashing

___ I acknowledge that the **dimensions of the three-compartment sink** be large enough to accommodate the largest food contact surface completely submerged (including large pots & pans).

- Dimensions of each compartment of the three compartment sink are _____ **inches long** by _____ **inches wide** by _____ **inches deep**.

___ I acknowledge that the required **drain-boards**, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation will be provided on both ends of the three-compartment sink.

___ I acknowledge that the **hot water temperature** delivered to the sink will be **120° F - 140° F**.

___ I acknowledge that the facility will use the following chemical to sanitize equipment:

- **Chlorine** **Quaternary Ammonia** **Other:** _____

___ I acknowledge that **test papers** will be available to verify the concentration of sanitizer being used.

Mechanical Warewashing (if applicable)

___ I acknowledge that the facility will use the following method to sanitize equipment using a warewashing machine:

- **High Temperature (180° F)** **Chemical**

Capacity: _____ **racks per hour**. Final Rinse Water Usage: _____ **gallons per hour**.

___ I acknowledge the required **drain-boards**, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation will be provided on both sides of the machine.

___ I acknowledge that the warewashing machine is equipped to **automatically dispense** detergents and/or sanitizers.

___ I acknowledge that the warewashing machine will have **visual and/or audible notifications** to verify that detergents and sanitizers were not delivered during the respective washing and sanitizing cycles.

___ I acknowledge that if a high temperature dish machine is used, an **irreversible registering temperature indicator** (such as a maximum registering thermometer or thermolabels) will be provided.

Plumbing & Fixtures

___ I acknowledge that all plumbing work will be completed under **permit from the plumbing authority** (if applicable).

___ I acknowledge that the location and size of the **grease interceptor** will be compliant with state plumbing codes as well as local ordinances (if applicable).

- Grease interceptor will be located: **Outdoor** **Indoor**

___ I acknowledge that the required **mop sink** will be provided on each floor.

___ I acknowledge that the required **mop hanger(s)** will be provided at the mop sink(s).

___ I acknowledge that there will be a **partition to protect food and equipment** from splashes/contamination if the mop sink is located in the food prep or ware washing areas.

___ I acknowledge that all equipment drain lines, exposed utility service lines, and soda/ beer lines will be installed as to not interfere with floor cleaning.

___ I acknowledge that dedicated **dump sinks** will be provided in beverage dispensing areas (if applicable).

___ I acknowledge that if produce is washed or frozen foods are thawed in a sink, the required **dedicated food prep sink with an indirect (air gapped) drain** will be provided (if applicable).

- Note: There should be no handwashing aids (soap, paper towels, etc.) at food prep sinks or dump sinks.

How will the potable water supply be protected from cross-contamination? Indicate where applicable:	ASSE Backflow Prevention Device	Air-Gap	N/A
Garbage Disposal			
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses			
Dipper Wells			
Flush Trough			

Will the drains of the following equipment be provided with at least a two-inch air gap?	YES	NO	N/A
Ice Machine			
Ice Storage Bins			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			
Three-Compartment Sink			
Other:			

Water Supply & Sewage Disposal

___ I acknowledge that the facility will receive water from the following water supply source:

- **Municipal/Public Authority (City Water)** **Well, Cistern, Spring, Hauled Water Tank***

***If using well, cistern or spring** attach the Ohio EPA approval documentation and provide PWS#_____.

(Note: For all non-municipal/public authority water you must show proof of an acceptable total coliform sample at the final inspection.)

___ I acknowledge that the facility will dispose of gray and black water using the following sewage disposal method:

- **Municipal/Sanitary Sewer (City Sewer)** **Semi-Public Septic System***

*Attach the Ohio EPA approval documentation.

Handwashing Facilities

___ I acknowledge that there will be a **dedicated hand sink** available within 20 feet of any food handling or ware washing area without going around a corner or through a doorway.

- Total number of hand sinks (not including restrooms): _____.
- Number of hand sinks in restrooms: _____.

___ I acknowledge that all hand sinks will be installed in a manner that **prevents splash contamination** to food and food contact surfaces.

___ I acknowledge that all hand sinks will be supplied with **hot and cold running water** through a mixing valve or combination faucet.

___ I acknowledge that hot and cold running water **under pressure** will be available at all hand sinks (Note: hot water shall be a minimum temperature of 100° Fahrenheit).

___ I acknowledge that **soap, paper towels/ hand drying facilities, trash receptacles, and signage requiring hand washing** will be provided at all hand sinks.

Refuse Storage & Disposal

___ I acknowledge that all **outdoor refuse receptacles** will:

- Be placed on a graded, paved and curbed surface.
- Be rodent proof and leak proof (with drain plug intact).
- Have tight fitting lids/ covers.
- Be shown on the enclosed site plan.

___ I acknowledge that the facility will have an **outdoor grease storage receptacle** (if applicable).

___ I acknowledge that the facility will have an area designated for garbage can or floor mat cleaning (if applicable).

Lighting

___ I acknowledge that at least **50 foot-candles of light** will be provided at:

- Food preparation areas.
- Areas employees work with utensils or equipment.

___ I acknowledge that at least **20 foot-candles of light** will be provided at:

- Consumer self-service areas.
- Inside equipment.
- Areas used for handwashing.
- Areas used for warewashing.
- Areas used for equipment storage.
- In restrooms.

___ I acknowledge that at least **10 foot-candles of light** will be provided at:

- Walk-in coolers and freezers.

(Note: Additional lights are typically needed to achieve 10 foot-candles in most walk in units)

- Dry storage areas.
- All areas when cleaning.

___ I acknowledge that the required **shielding or shatter-resistant lamps** will be provided for light fixtures in food storage, preparation, display, or service areas.

Ventilation

___ I acknowledge that a **commercial exhaust hood with an approved fire suppression system** will be provided to service cooking equipment producing grease-laden vapors (if applicable).

___ I acknowledge that a **commercial exhaust hood** will be provided to service a **high temperature warewashing machine** (if applicable).

Interior Finishes

All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/ vapors, food/ wet bars, buffet lines, drink dispensing areas, mop sinks/ service sinks, steam tables and areas where food preparation equipment is located are required to be **durable, smooth, easily cleanable and impermeable to moisture**. Painted drywall is not acceptable in these areas. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials are required. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions.

___ I acknowledge that the facility is in compliance with this rule.

Complete the following chart to indicate all interior finishes.				
Area	Floor	Walls	Coved Base	Ceiling
<i>Example</i>	<i>Quarry Tile</i>	<i>FRP</i>	<i>Rubber Base Molding</i>	<i>Vinyl Acoustical Tile</i>
Food Preparation				
Cooking				
Warewashing				
Food Storage				
Bar				
Restrooms				
Service Areas/ Buffets/ Salad Bars				
Dining				
Mop Room				
Other:				
Other:				

General Facility Considerations

___ I acknowledge that any **public restrooms** will be accessible without passing through food preparation, food storage, or warewashing areas (if applicable).

- Total number of restrooms in facility: _____.

___ I acknowledge that **restrooms** will be equipped with **self-closing room doors and adequate ventilation**.

___ I acknowledge that a separate storage area will be provided for **employees personal belongings**.

___ I acknowledge that all **toxic chemicals** will be stored away from food preparation and storage areas.

- Where will cleaning supplies and chemicals be stored? _____

___ I acknowledge that **soiled linens** will be stored so they do not contaminate **clean linens**.

___ I acknowledge that all **openings to the exterior** (doors, windows, ventilation discharges, etc.) will be designed and maintained to keep out rodents and insects.

- Please note, if you want to leave an exterior door open, it must be supplied with a tight fitting screen that meets both building and fire codes.

____ I acknowledge that all **insect control devices** used to electrocute or stun flying insects will be designed to retain the insect within the device as required.

____ I acknowledge that overhead **garage door openings** will be protected with **screens or air curtains** (if applicable).

____ I acknowledge that pesticides can only be applied by a **licensed commercial pesticide applicator**.

- If pest issues occur, what is the name of the licensed pesticide applicator your facility will use?
-

____ I acknowledge that any **outdoor coolers and freezers** have the ability to be **locked** (if applicable).

____ I acknowledge that any **outdoor walk-in units** will be equipped with **plastic curtains** (if applicable).

Is the completed SCPH Plan Review Checklist enclosed with the materials submitted? **YES** **NO**

Plan Review Submission

This application is complete and accurate to the best of my knowledge. I understand that an incomplete submittal may delay the plan review process. I understand that any deviation from the initial submittal without prior approval from SCPH may nullify final approval.

I have enclosed a completed SCPH Plan Review Checklist.

I have enclosed the plan review fee of \$550.00 (made payable to SCPH).

Signature of Applicant: _____

Date: _____

Submit Plans To: Summit County Public Health
Attention: Food Safety Program
1867 West Market Street
Akron, Ohio 44313-6901

Questions: Food Safety Program
Phone: (330) 926-5600
Fax: (330) 923-6436
www.scphoh.org

Content & Format Requirements for Submittal

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale. Electronic submission of plans is subject to approval by the plan reviewer. Often electronic plans are difficult to read and must be printed to be reviewed.
3. The total square footage to be used by the food service operation or retail food establishment.
4. A detailed drawing of the portions of the premises being used including all entrances exists, loading/unloading areas, and docks, etc.
5. A site plan of your property that includes the following:
 - a. Drawing showing an arrow indicating north; location of the business in a building such as a shopping mall or stadium;
 - b. Location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
 - c. Interior and exterior seating areas.
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/ juncture bases. Note: ceiling tiles installed in food preparation areas, restrooms, and ware washing areas must be vinyl-clad or coated.
9. A list of all equipment with the manufacturer name and model numbers listed. Only commercial equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1(kk) of the Ohio Administrative Code.

Examples of acceptable testing agency symbols:



10. Label and locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (i.e. behind bars, front portions of convenience stores, etc.) that are separate from designated hand sinks. Dual-use sinks are not permitted and will not be accepted.

Note: All materials submitted for review become property of Summit County Public Health and are subject to record retention laws. As such you are responsible for making your own copies of the materials submitted. At this time we recommend all documents to be submitted in paper form to aid in the speed of plan review response. If forms are submitted electronically and cannot be printed to scale, a paper copy will be required.

What Is My Risk Level?

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to Public Health and are based on the highest risk level activity of the food service operation/food establishment in accordance with the following criteria:

Risk level I: poses potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or sells:

- (1) coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
- (2) pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
- (3) fresh, unprocessed fruits and vegetables;
- (4) pre-packaged non-potentially hazardous foods; or
- (5) baby food or formula

A "food delivery sales operation" as defined in division (H) of section 3717.01 of the Revised Code will be classified as a risk level I.

Risk level II: poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- (1) handling, heat treating, or preparing non-time/temperature controlled for safety food;
- (2) holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
- (3) heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service; or
- (4) hand dipping of commercially manufactured ice cream.

Risk level III: poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures in order to sell it as ready-to-eat. Examples of risk level III activities include but are not limited to:

- (1) handling, cutting, or grinding raw meat products;
- (2) cutting or slicing ready-to-eat meats and cheeses;
- (3) assembling, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (4) operating a soft serve ice cream or frozen yogurt machine;
- (5) reheating in individual portions only; or
- (6) heating of a product, from an intact, hermetically sealed package and holding the product hot;

Risk level IV: poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial

growth. Examples of risk level IV activities include, but are not limited to:

- (1) reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
- (2) operating a heat treatment dispensing freezer;
- (3) catering as defined in 3717.01(G) of the Revised Code;
- (4) offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
- (5) using freezing as a means to achieve parasite destruction;
- (6) preparing food for a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living;
- (7) using time as a public health control for time/temperature controlled for safety food;
- (8) non-continuous cooking of raw time/temperature controlled for safety animal food;
- (9) performing activities requiring a HACCP plan; or
- (10) activities requiring a variance for the process.

Types of Food Establishments

1. **Food Service Operation (FSO)** – Primary business is the on-site preparation and/or consumption of ready to eat foods in individual portions (for ex. restaurants, caterers, carry outs preparing individual meals, fast food operations, nursing homes, day cares, schools, hospitals, etc.)
2. **Retail Food Establishment (RFE)** – Primary business is the sale of food in bulk portions for off premise consumption and/or preparation (for ex. grocery stores, drive-thrus, carry outs, pizza shops, gas stations, micromarkets, etc.)

Primary business is defined through sales volume. If your facility operates as both a food service operation (FSO) and retail food establishment (RFE), whichever portion of your business has the greater sales volume (51% or more) determines your designation (either FSO or RFE).

Education Requirements

As of March 1, 2010 the Ohio Revised Code requires that **all** food service operations and retail food establishments opened after this date have at least one person-in-charge per shift that has a Person In Charge (PIC) certification in food protection or an equivalent approved training prior to the business being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operation and retail food establishment must have at least one management or supervisory employee with a manager level certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course and passing a comprehensive exam. A ServSafe® certificate itself and the PIC level one certificate does not comply with this rule.

Plan Review Checklist

The following information must be included as part of your plan review.

Please indicate that the following components are included (√) or not applicable (N/A)

Components	(√) or (N/A)	Official Use Only
Plan review fee of \$550.00 made payable to SCPH (Note: A separate fee for the license fee will be required upon final inspection approval)		
Type of facility proposed (FSO, RFE)		
Proposed Menu (complete list of food items to be prepared, served, or sold)		
Facility floor plan or layout , drawn reasonably to scale (to include):		
• total square footage to be used		
• restroom location(s)		
• location of entrances and exits		
• location of dry goods and chemical storage areas		
• location of personal belongings storage		
• location of designated hand sinks and dump sinks		
• location of the three compartment sink		
• location of food preparation sink (must have indirect waste line)		
• location of mop sink		
• location of dish machine- indicate <input type="checkbox"/> Low or <input type="checkbox"/> High temperature		
• location of all equipment		
Site Plan (to include):		
• drawing showing an arrow indicating north		
• location of the business in a building such as a shopping mall or stadium		
• location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters and grease interceptors		
• potable water source, sewage treatment system		
• interior and exterior seating areas		
Lighting Plan		
Interior finish schedule (materials for floors, walls, ceilings, and coving)		
Equipment list , include make and model numbers (commercial equipment only, NSF or equivalent)		
Plumbing Plan (location, type, and number of all plumbing fixtures)		
Education : indicate <input type="checkbox"/> Person-In-Charge and/or <input type="checkbox"/> Manager		

Failure to provide all information may result in a delay or disapproval of your submittal.