

2021 FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

This application is to be completed and submitted for new and remodeled food service establishments which require plan review. This application meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Information

Establishment name		Prior establishment name (if applicable)	
Street address	City	State	Zip
Nearest crossroads			
Phone		Email	
Proposed construction start date		Proposed opening date	

Owner Information

Name			
Street address	City	State	Zip
Phone		Email	

Architect Information

Name			
Street address	City	State	Zip
Phone		Email	

General Contractor Information

Name			
Street address	City	State	Zip
Phone		Email	

Which of the above will serve as the primary contact? _____

Plan Review Fees

New establishment or major remodel of a currently licensed establishment, based on square footage of total building area:

Under 1000 sq. ft.	\$460
1001- 2000 sq. ft.	\$641
2001- 3000 sq. ft.	\$817
3001- 5000 sq. ft.	\$998
Over 5001 sq. ft.	\$1,213

Minor remodel by the current owner of a **currently licensed establishment**, based on total building area. **Project scope must be approved by a Senior Sanitarian before applying:**

Under 1000 sq. ft.	\$230
1001- 2000 sq. ft.	\$321
2001- 3000 sq. ft.	\$409
3001- 5000 sq. ft.	\$499
Over 5001 sq. ft.	\$607

- a. **Resubmitted** or **modified** plans after approval are **1/2 fee**.
- b. **Double fee** charged if remodeling/construction begins **before** plans submitted and approved.
- c. **Mobile Food Units & Special Transitory Food Units (STFUs)** charged minimum square footage fee.
- d. **Site inspection only** fee is \$141. Must be approved by a Senior Sanitarian before applying.

Items to Submit with Application

- Completed, signed application & fee
- Plan review worksheet
- SOPs
- Menu
- Complete set of plans
- Equipment specification sheets
- ServSafe certificate

Receipt

General Information

Hours of Operation: _____

Seating Capacity (include bar): _____

Facility Size (square feet): _____

Minimum staff per shift: _____

Maximum staff per shift: _____

These plans are for: New establishment
 Remodeling
 Conversion

What describes the establishment better?
 On-site preparation
 Serving site

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? Yes No
If yes, explain: _____

Type of Operation (check all that apply)

A. Restaurant Related

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Church | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Tableside/display cooking |
| <input type="checkbox"/> Bottle alcoholic beverage | <input type="checkbox"/> Commissary | <input type="checkbox"/> School | <input type="checkbox"/> Take-out menu |
| <input type="checkbox"/> Buffet or salad bar | <input type="checkbox"/> Counter | <input type="checkbox"/> Sit down meals | |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Fast food | <input type="checkbox"/> Special Transitory Food Unit (STFU) | |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Hospital | | |

B. Grocery Related

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery store | <input type="checkbox"/> Self-service baked goods | <input type="checkbox"/> Repackage/process: _____ |
| <input type="checkbox"/> Bottle alcoholic beverage | <input type="checkbox"/> Ice production/package | <input type="checkbox"/> Self-service bulk items | _____ |
| <input type="checkbox"/> Bottle water | <input type="checkbox"/> Produce | <input type="checkbox"/> Smoked fish | _____ |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Seafood/fish | | |
| <input type="checkbox"/> Fresh meat | | | |

Please summarize the proposed project. (If more space is needed, please attach additional pages.)

Applicant Signature

You will be notified if the plans are incomplete, if they do not satisfy the minimum sanitation requirements, or if they are approved. If you have any questions about the plan review process, please contact our office.

Note that other agencies such as Michigan Department of Agriculture and Rural Development (MDARD), Michigan Liquor Control Commission, or local municipalities may also require you to submit plans and obtain operating licenses and permits. What you will need depends on your operation. Check with these agencies for specific requirements.

Refer to the following web sites for more plan review information:

www.washtenaw.org/foodsafety

www.michigan.gov/mdard [keyword: Plan Review Resources]

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Owner/Representative Signature: _____ Date: _____

Name and Title (please print): _____