



**Calhoun County Public Health Department
Environmental Health Division
Food Establishment Plan Review Application**

Establishment Name:

Address, City, Zip:

Establishment Phone:

Location Information:

<u>Owner</u>	<u>Primary Food Service Equipment Supply Co.</u>
Name:	Name:
Address:	Address:
City, State	City, State
Zip: Phone: #	Zip: Phone: #
Fax: #	Fax: #
<u>Architect</u>	<u>General Contractor</u>
Name:	Name:
Address:	Address:
City, State	City, State
Zip: Phone: #	Zip: Phone: #
Fax: #	Fax: #

Which of the above will serve as the primary contact where all correspondence should be mailed?

Proposed opening date:

In order for the Calhoun County Public Health Department to begin the plan review process, all of the following must be provided:

1. One set of complete plans drawn to scale. See the attached plan review worksheet for more details.
2. A \$_____ fee for the review.
3. The proposed menu.
4. Please complete and return this plan review application.
5. Specification (specs. Sheets) on all major pieces of equipment.
6. A food handling plan following H.A.C.C.P. guidelines (including standard operating procedures, temperature logs, etc.
7. If you are remodeling or are using an existing structure, please include a plumbing diagram and lighting layout.

Your plan review materials will be processed and a disposition letter provided to you within 30 days. If you have any questions, please contact Ryan Tetrault at 269-969-6476.

Use the following link to download the Plan Review Manual for further assistance.

http://michigan.gov/documents/MDA_Plan_Review_Manual_28443_7.doc

CCPHD: 3/1

