

# FOOD FACILITY PLANNING APPLICATION

Hancock Public Health  
2225 Keith Parkway  
Findlay, Ohio 45840  
Phone: (419) 424-7870  
Fax: (419) 424-7872

## In order to submit plans the following must be completed:

1. Submit the completed PLAN REVIEW APPLICATION.
2. Submit the entire layout of the facility showing electrical, plumbing, plan of lighting, entrances/exits, interior/exterior seating areas (if applicable).
3. Submit a layout of all food serving, preparing and storage areas; this includes basements if used for storage including pop/beverage storage.
4. The drawing must include the exact layout of all equipment (example: show sinks, coolers, tables, storage areas, etc.).
5. The plans must be drawn to scale (¼ inch = 1 foot).
6. The plans and drawings must be clear and legible.
7. Submit a complete menu.
8. Plan Review fee must be paid when the plans are submitted. Cash, check and money order are accepted. Make checks payable to: **Hancock Public Health**

2025 Plan Review Fee:

**\$250.00**

9. All materials turned into the department become the property of the Health Department. You are responsible for making your own copies of the material submitted.
10. **All food service operations and retail food establishments must have at least one person-in-charge per shift that is certified in Person-In-Charge in Food Protection. The facility cannot be licensed until successful completion of at least a Person-In-Charge in Food Protection, or arrangements have been made with the Health Department.**
11. Other agencies must be contacted for approvals and inspections concerning structural, electrical and plumbing work. A sign off sheet documenting these inspections will be required. **See Page 15 for sign off sheet.**
12. A plumbing permit will be required for all plumbing work that is to be completed and that permit will be processed through our office. **See Page 16 for plumbing permit.**

Only complete plans will be accepted for plan review. **By law this department has 30 days to review the complete set of plans.** If you make any changes to the set of plans including equipment, you are required to contact our office for approval. At the time of your pre-license inspection, if your equipment or layout differs from the set of plans that have been approved, it may delay licensing of your facility. If you have any questions or concerns during the plan review process, please contact this department to speak to a sanitarian.

# FOOD FACILITY PLANNING APPLICATION

Facility Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ FSO \_\_\_\_ (or) RFE \_\_\_\_

<input type="checkbox"/> <b>OWNER</b>  Name: _____  Address: _____  City, State: _____  Zip: _____ Phone: _____  Email: _____	<input type="checkbox"/> <b>FOOD SERVICE EQUIPMENT SUPPLY CO.</b>  Name: _____  Address: _____  City, State: _____  Zip: _____ Phone: _____  Email: _____
<input type="checkbox"/> <b>ARCHITECT</b>  Name: _____  Address: _____  City, State: _____  Zip: _____ Phone: _____  Email: _____	<input type="checkbox"/> <b>GENERAL CONTRACTOR</b>  Name: _____  Address: _____  City, State: _____  Zip: _____ Phone: _____  Email: _____

**Check (☑) the box, (☐) for the primary contact**

**Please circle which contact all information should be sent to**

Owner                  Architect                  General Contractor

Proposed construction start date: \_\_\_\_\_

Proposed opening date: \_\_\_\_\_

## GENERAL INFORMATION

Hours of Operation: \_\_\_\_\_

Seating Capacity (including bar): \_\_\_\_\_ Facility Size (Square Feet) \_\_\_\_\_

These plans are for a: (check  one of the following)

New Facility       Remodel

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?  Yes  No

If yes, explain: \_\_\_\_\_

What type of water will be supplied?  Public Water  Private/Well Water

Type of Operation (check all that apply)

### A. Food Facility (Restaurant) Related

<input type="checkbox"/> Sit down meals	<input type="checkbox"/> Commissary	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Counter	<input type="checkbox"/> Church	<input type="checkbox"/> Tableside/ display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out menu	<input type="checkbox"/> Hospital
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Catering	<input type="checkbox"/> Sushi
<input type="checkbox"/> Bar with food prep	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Other _____

### B. Food Establishment (Grocery Store, Retail Store) Related

<input type="checkbox"/> Grocery/ Retail Store	<input type="checkbox"/> Produce	<input type="checkbox"/> Ice production/ packing
<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Deli	<input type="checkbox"/> Water bottling
<input type="checkbox"/> Seafood/ fish	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Smoking or curing meats
<input type="checkbox"/> Bakery	<input type="checkbox"/> Self-service bake goods	<input type="checkbox"/> Repackaging of commercially processed products
<input type="checkbox"/> Reduced Oxygen Packaging (Vacuum Packaging)	<input type="checkbox"/> Processing Wild Game	<input type="checkbox"/> Sushi
<input type="checkbox"/> Micro Market	<input type="checkbox"/> Other _____	<input type="checkbox"/>

**Please summarize the proposed project.**

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**1. Person In Charge**

A facility must have a person in charge that demonstrates knowledge in food safety by compliance of the food code, by having no critical violations during the current inspection, has the ability to answer the inspector’s questions or by being certified in food protection as specified in the Administrative Code.  
*OAC 3717-1-2.4 (B)*

Please describe who will be the person in charge (PIC) during operation hours at your facility. List any current food safety training courses PIC has passed.

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**FOOD PREPARATION REVIEW**

**2. HOW WILL YOU PREPARE PRODUCE? (Check all that apply)**

<input type="checkbox"/> No produce will be used or served
<input type="checkbox"/> All produce will come into the facility pre-washed and pre-cut. (Supply invoices on request)
<input type="checkbox"/> All produce will be prepared in a food preparation sink that has at least a 2-inch air gap to the sewer line.

Comments:

**3. HOW WILL POTENTIALLY HAZARDOUS FOOD BE THAWED? (Check all that apply)**

Thawing Method	Foods less than 1-inch thick	Foods more than 1-inch thick
Under Refrigeration		
Under Running Cold Water (less than 70° F) in an air gapped preparation sink		
Cook from frozen		
Microwave as part of the cooking process		

Other:		
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Comments:

#### 4. COOKING POTENTIALLY HAZARDOUS FOOD

List all cooking equipment and check all applicable boxes. Use back of this sheet or additional paper if needed.

Equipment Name	New	Used	NSF Approved or Equivalent
Example: Manufacturer Name, Gas Grill Model 25 S	X		NSF Approved

Comments:

#### 5. HOT HOLDING OF POTENTIALLY HAZARDOUS FOOD

List all hot holding equipment and check all applicable boxes. Use back of this sheet or an additional paper if needed. All potentially hazardous food must be held at a temperature of 135° F or higher.

Equipment Name	New	Used	NSF Approved or Equivalent
Example: Manufacturer Name, Electric Stem Well Model 35 TU	X		NSF Approved

Comments:

## 6. COLD HOLDING OF POTENTIALLY HAZARDOUS FOOD

List all cold holding equipment and check all applicable boxes. Use the back of this sheet or additional paper if needed. All potentially hazardous food must be held at an internal temperature of 41° F or lower.

Equipment Name	New	Used	NSF Approved or Equivalent
Example: Custom Made Walk-in Cooler by ABC Manufacturing	X		NSF Approved

Comments:

## 7. COOLING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** foods that will be cooled using each of the following methods. Foods must be cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or lower in additional 4 hours. More than one method may be used. Use the back of this sheet or an additional paper if needed.

Check box if your facility will not cool down potentially hazardous food

**Example:**

COOLING METHOD	LIST OF FOOD ITEMS
Shallow pans in walk-in cooler	Rice, soup
COOLING METHOD	LIST OF FOOD ITEMS
Shallow pans in a walk-in cooler	
Ice baths	
Reducing large quantity into smaller quantities (i.e. dividing up a large pot of soup into 2-3 smaller pans)	
Ice Wands	

Rapid chill devices (i.e. blast freezers)	
Other:	

Comments:

### 8. REHEATING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** food items that will be reheated and check the applicable boxes. All potentially hazardous food must be reheated by a direct heat source to a temperature of 165° F for 15 seconds within 2 hours. Use the back of this sheet or additional paper if needed.

Check box if your facility will not reheat potentially hazardous food

Food Item	Method
Example: Chili	Gas Stove Top

### 9. How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply.

<input type="checkbox"/> Disposable gloves	<input type="checkbox"/> Utensils with a handle
<input type="checkbox"/> Deli Tissue	<input type="checkbox"/> Other:

### 10. Date Marking

When potentially hazardous food is opened, cooked, or prepared it must be refrigerated at 41°F or less and date marked if not used within 24 hours. Describe how you will date mark these items or provide a copy of your standard operating procedures. **Example:** Day dots will be marked with the date made and 7 day discard date

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## 11. WAREWASHING

Check the method(s) your facility will use for ware washing

- 3-Compartment Sink
- Ware washing Machine (please circle one: High temperature sanitizing or chemical sanitizing)

Check the appropriate box for the type of sanitizer that will be supplied. (Provide the appropriate testing kit for your sanitizer)

- Chlorine (regular bleach)
- Quaternary ammonium
- Iodine

☞ **Grease Trap:** Contact the appropriate building inspection department regarding grease trap requirements.

The largest item that must be washed and sanitized must be able to fit in either your dish machine or your 3-compartment sink.

☞ Ware washing machines installed **after** March 1, 2005, shall be equipped to: (1)

Automatically dispense detergents and sanitizers; and

- (2) Incorporate a visual means to verify that detergents and sanitizers are delivered (or) a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the ware washing and sanitizing cycle. *OAC 3717-1-4.1 (DD)*

☞ **Please note:** If you **only** have a dish machine, and no 3-compartment sink you will be required to close if your dish machine is not working properly.

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## GENERAL

12. Hot water demand of the water heater

Hot water tank is circle one: Gas (or) Electric

What is capacity in gallons of your hot water tank? \_\_\_\_\_

What is the BTU per hour the hot water tank is capable of? \_\_\_\_\_

(See the front panel of your hot water tank for this information)

13. Will employee dressing rooms be provided?  Yes  No

☞ **Note:** You must supply a place for employee's belongings away from food and utensil storage to prevent cross contamination.

14. Where will chemicals be stored? Note: Chemicals must be stored away from food and chemicals to prevent cross contamination. \_\_\_\_\_

15. Does your facility have a dry stock storage room for can goods, and bulk food items?

- Yes  No If No, where will you store these items? \_\_\_\_\_



16. Check if one of the following will be on site:  Washer  Dryer

17. Where is your mop sink located? \_\_\_\_\_

18. Have you provided a place to hang your mops? \_\_\_\_\_ Where? \_\_\_\_\_

## ROOM FINISH MATERIALS

☞ Please note that all surfaces must be smooth and easily cleanable. List the material that will be used to provide a smooth, rounded and cleanable surface. Please explain abbreviations.

Check the box if room finish schedules are listed on your plans

Area	Floor Material	Coving Material	Wall Material	Ceiling Material
<b>Example:</b> Kitchen	Commercial tile	Rubber base molding	Painted dry wall/stainless behind cook line	Vinyl coated ceiling tiles
19. Preparation				
20. Cooking				
21. Dishwashing/ Ware washing				
22. Food Storage				
23. Bar				
24. Dining				
25. Employee Restrooms				
26. Dressing Rooms				
27. Walk-in Cooler				
28. Walk-in Freezer				
29. Garbage Room				
30. Janitor Closet				
Other:				

## LIGHTING

☞ Indicate type of lighting that will be used in the facility on the plans.

At least 50 foot candles of light must be available on all food preparation surfaces and in all utensil washing areas. Lights must be shielded with light tubes and end caps or with shatter proof bulbs in the following areas:

- |                                                                          |                                                            |                                                   |
|--------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> food storage areas                   | <input checked="" type="checkbox"/> food preparation areas | <input checked="" type="checkbox"/> display areas |
| <input checked="" type="checkbox"/> utensil and equipment cleaning areas |                                                            | <input checked="" type="checkbox"/> storage areas |

Comments:

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## INSECT AND RODENT CONTROL

31. Pesticides can only be applied by a licensed commercial applicator. *OAC 3717-1-7.1 (C)(3)*

How often will the company come out to provide pest control measures? \_\_\_\_\_

32. Are all outside doors tight fitting to prevent the entry of insects and pests?

- Yes     No

33. Are all openable windows screened?

- Yes     No     N/A

34. If you want to open an outside door it must be supplied with a tight fitting screen that meets both building and fire code. Have you supplied tight fitting screen doors that meet both fire and building codes?

- Yes     No     Will not prop open outside doors

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## SOLID WASTE STORAGE

35. What type of refuse storage will be used?     Compactor     Dumpster     Cans

\*Outdoor storage surface for refuse, recyclables, or returnable shall be constructed of nonabsorbent material such as concrete or asphalt and shall be smooth, durable, and sloped to drain.

What type of surface will refuse, recyclable, and returnable containers be placed on?

- Concrete     Asphalt     Other \_\_\_\_\_

36. What is the frequency of trash pick-up? \_\_\_\_\_

37. Have you provided covered trash cans for all women's restrooms?

- Yes     No

👉 Note: All dumpster lids must be kept shut to prevent trash from blowing around your property. We recommend that you place locks on your dumpsters. Your facility is responsible for keeping the property cleaned free of litter and weeds.

Comments:

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## MENU

38. Complete the MENU REVIEW SHEET on **Page 13**.

39. Does your menu have a consumer advisory printed on it? (See *OAC 3717-1-3.5* for details on when a consumer advisory is needed and how it must be worded on your menu.)

- Yes     No

40. Provide a list of your food suppliers.

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

41. Will your facility cater events?

- Yes     No

If yes, catered events will be (circle one): on premises (or) off premises

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## OTHER

42. The plans must show the nearest cross streets, lot lines, type of water supply, type of sewage disposal, placement of dumpsters and zoning information OR location of business in a building such as a shopping mall or stadium. An aerial photo may be used to identify business location, business building site, including alleys, streets, and any location of outside support infrastructure such as dumpsters, potable water source, sewage treatment system; and interior and exterior seating areas.

43. Plans must show type of ventilation over cooking equipment such as fryers and grills, in restrooms, and over dishwashing areas to remove moisture and heat.

44. All utility wires and pipes must be enclosed within walls and columns. Pipes and wires should never be located on the floor, but can be secured to the wall at least 6-inches off the floor.

☞ **Please be advised that according to the Ohio Administrative Code Chapter 3701-21-03, Facility layout and equipment specifications:**

**No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specifications criteria set forth in rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.**

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

☞ **Signature of owner or representative** \_\_\_\_\_ **Date:** \_\_\_\_\_

☞ **Please print name and title here:** \_\_\_\_\_

## EQUIPMENT LIST

Please provide the following information for all equipment you will provide in your establishment. All equipment must be approved by the Health Department before it can be used. If you need more space, please use the back of this sheet or additional paper.

Check box if equipment list information is printed on the plans provided.

MANUFACTURER	MODEL NUMBER	DESCRIPTION	NEW	USED	OFFICE USE: APP/DISAP
Example: ABC Manufacturing	A-125-RT	Convection oven	X		





## OTHER AGENCY LIST

INSPECTION REQUIRED	CONTACT AGENCY
Structural & Electrical	Wood County Building Department 1 Court House Square Bowling Green, Ohio 43402 419-354-9190
Sewage Disposal	Ohio EPA Northwest District Office 347 N. Dunbridge Rd. PO Box 466 Bowling Green, Ohio 43402 <b>*Only required if not connecting to a public sewer.</b>
Water Supply	Ohio EPA Northwest District Office 347 N. Dunbridge Rd. PO Box 466 Bowling Green, Ohio 43402 <b>*Only required if not connecting to a public water supply</b>
Fire	Findlay City Fire Department 722 S. Main St. Findlay, Ohio 45840 419-424-7131 Or your local Township Fire Chief

# Hancock Public Health

2225 Keith Parkway  
 Findlay, OH 45840  
 www.HancockPublicHealth.com  
 Environmental@HancockPublicHealth.com  
 Phone (419)424-7870 Fax (419)424-7872

## PLUMBING PERMIT APPLICATION

Permit # \_\_\_\_\_

Amount Paid \_\_\_\_\_

### Job site located at:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Plans Submitted \_\_\_\_\_ Approved \_\_\_\_\_ City Water Yes or No \_\_\_\_\_

New  Remodel  Replace

### Plumbing Contractor

Contractor: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ OH License # \_\_\_\_\_

### Property Owner Information

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

### Underground Inspection

Approved / / \_\_\_\_\_

Disapproved / / \_\_\_\_\_

### Rough In Inspection

Approved / / \_\_\_\_\_

Disapproved / / \_\_\_\_\_

### Final Inspection

Approved / / \_\_\_\_\_

Disapproved / / \_\_\_\_\_

I hereby certify that all work will be done in accordance with the State and Local regulation.

\_\_\_\_\_  
 Applicant's Signatures Date

\_\_\_\_\_

Number of Residential Fixtures	Description	Number of Commercial Fixtures
	Toilet	
	Lavatory (Bath Sink)	
	Bath Tub/Shower	
	Kitchen Sink	
	Dishwasher	
	Garbage Disposal	
	Washing Machine	
	Drinking Fountain	
	Floor Drain/Roof Drain	
	Water Heater	
	Expansion Tank	
	Backflow Device	
	Sump Pumps	
	Urinals/Bidet	
	Laundry Sink/Mop Sink	
	Food Prep Sink/Bar Sink	
	Shampoo Bowl	
	3 Compartment Sink	
	Grease Trap/Sand Trap	
	Garage/Oil Interceptor	
	Trap Primer	
	Trench Drain	
	Water Filter/Water Softener	
	Water Line	
	Other	
	<b>Total Fixtures</b>	
<b>X \$10.00</b>	<b>Per-Fixture Fee</b>	<b>X \$20.00</b>
	<b>Subtotal</b>	
<b>+ \$30.00</b>	<b>Permit Fee</b>	<b>+ \$50.00</b>
	<b>Plan Review Fee</b>	
	1-20 Fixtures + \$20.00	
	21-40 Fixtures + \$100.00	
	Over 41 Fixtures + \$200.00	
<b>\$</b>	<b>Grand Total</b>	<b>\$</b>
<b>\$30.00</b>	<b>Water Heater Replacement Only</b>	<b>\$30.00</b>
<b>\$50.00</b>	<b>Re-Inspection Fee</b>	<b>\$50.00</b>
<b>\$25.00</b>	<b>Consult/Inspect Fee</b>	<b>\$25.00</b>





# Hancock Public Health

Hancock Public Health Department  
2225 Keith Parkway  
Findlay, Ohio 45840  
Ph. 419-424-7870  
Fax 419-424-7872



**Public Health**  
Prevent. Promote. Protect.

## FINAL APPROVAL SIGN OFF SHEET

Name of Owner and/or Manager: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PRIOR TO ISSUANCE OF AN OHIO FOOD SERVICE LICENSE, WRITTEN APPROVAL MUST FIRST BE OBTAINED FROM THE FOLLOWING:**

#### State of Ohio Building Inspections:

Plumbing Signed \_\_\_\_\_ Date \_\_\_\_\_

Building Signed \_\_\_\_\_ Date \_\_\_\_\_

Heating (As Applicable) Signed \_\_\_\_\_ Date \_\_\_\_\_

Electrical (As Applicable) Signed \_\_\_\_\_ Date \_\_\_\_\_

Ventilation (As Applicable) Signed \_\_\_\_\_ Date \_\_\_\_\_

(Hood)

Comments \_\_\_\_\_  
\_\_\_\_\_

Fire Department Signed \_\_\_\_\_ Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_