



**FOOD SERVICE OPERATIONS,
RETAIL FOOD ESTABLISHMENTS &
TRANSIENT ACCOMMODATIONS
PLAN REVIEW APPLICATION PACKET**

Completed Application Packet Must Be Submitted With Floor Plan(s),
Related Documents and Plan Review Fee To:

*Public Health-Dayton & Montgomery County
Environment Health
Attn: Cindy Jones
117 South Main Street
Dayton, OH 45422
937-225-6150*

For additional information concerning your submittal, contact Cindy Jones at
(937) 225-6150 or by email at cjones@phdmc.org

CONTENT AND FORMAT REQUIREMENTS
OF PLANS AND SPECIFICATIONS

1. Provide plans and specifications that are legible & drawn reasonably to scale.
2. Include the proposed menu or list of foods and beverages to be sold.
3. Show the proposed location and placement of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule as applicable.
4. Label and locate separate food preparation sinks when the menu dictates to prevent contamination and cross-contamination of raw and ready-to-eat foods.
5. Label and locate all dedicated hand and dump sinks. Note: Where applicable, dedicated dump sinks may be required (i.e. – bars, front portions of convenience stores, etc.) that are separate from any required hand sinks. Dual-use sinks are not permitted and will not be accepted. Also note on your plans the installation of any splash guards as may be applicable given their proposed location.
6. Provide clear and accurate drawings identifying the layout of all proposed restroom facilities.
7. Identify any auxiliary areas such as storage rooms, garbage rooms/dumpster pads, warewashing rooms, walk-in coolers/freezers, basements, cellars, etc. and their intended use. Must also indicate if and/or how food and food-related items (i.e. – To Go Items, linens, straws, etc.) will be stored (i.e. –shelving, dunnage racks, etc.) in these areas (as applicable). Also, clearly indicate how and where all multi-use items, smallwares, utensils, etc. will be staged for air drying and subsequent final storage.
8. Include and provide specifications for:
 - Entrances, exits, loading/unloading areas and docks, etc.
 - Complete finish schedules for each room including the floors, walls and ceilings and covered wall/juncture bases. Note: If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation rooms, bathrooms, and warewashing areas.
 - Plumbing schedule including the location of all floor drains, floor sinks, water supply lines, all waste/water lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line connections, and grease traps.
 - Lighting schedule:
 - a) At least 110 lux (10 foot-candles) at a distance of 30-inches above the floor in walk-in coolers/freezers and dry food storage areas and in other areas/rooms during periods of cleaning. (Note: PHDMC recommends a minimum of 440 lux (40 foot-candles) in all walk-in coolers/freezers in order to provide sufficient illumination for cleaning after the units are filled with food items).
 - b) At least 220 lux (20 foot-candles) where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold for consumption. Also, in all areas used for handwashing, warewashing, equipment/utensil storage, and in toilet rooms.
 - c) At least 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders or saws where employee safety is a factor.

- d) Shatterproof light bulbs or shields/protectors on fixtures installed in all food preparation and warewashing areas, and where exposed foods are stored in any applicable pieces of equipment for purposes of display, serving, etc.
 - Food Equipment Schedule to include the manufacturer's name and model numbers and listing of commercial-grade equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, UL (commercial-grade only), ETL and CSA.
 - Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - Floor-mounted mops sink or curbed cleaning facility along with the capability for hanging wet mops.
9. If submitting plans for a Transient Accommodation, be sure to include all variations of guest rooms, vending areas, laundry facilities, restrooms, and food service areas.

PLAN SUBMISSION PACKAGE CHECKLIST

Please verify each of the following are included with your Plan Submission Package:

- _____ Plan Review Fee. Checks must be made out to the Public Health-Dayton & Montgomery County.
- _____ Completed Plan Review Application.
- _____ Proposed Menu or list of food and beverages to be sold.
- _____ Manufacturer's name, make and model number for each piece of equipment shown on the submitted Floor Plan.
- _____ 1 set of Floor Plans (2 if you would like a corrected set returned) drawn to scale of the food operation, retail food establishment, or transient accommodation:
 - ✓ Site plan showing dumpster/trash location
 - ✓ The location and layout of all proposed pieces of equipment and sinks
 - ✓ All overhead lighting, including inside walk-in coolers/freezers
- _____ Finish Schedule (or materials to be used and the final finishes proposed) of floor, walls, and ceiling.
- _____ Equipment Schedule (referenced back to the Floor Plan).
- _____ Plumbing Connection Schedule (include connection information and/or an isometric drawing).
- _____ Contact has been made with local building, fire, and plumbing departments and/or liquor control.
- _____ Must complete (or provide proof of) Manager's Certification in Food Protection (Level 2)

***NOTE: FAILURE TO PROVIDE ALL INFORMATION MAY RESULT
IN DISAPPROVAL OF YOUR PLANS***

**PUBLIC HEALTH-DAYTON & MONTGOMERY COUNTY
PLAN REVIEW APPLICATION
FOOD SERVICE OPERATION / RETAIL FOOD ESTABLISHMENT/ TRANSIENT ACCOMMODATION**

Establishment Information:

Name of Establishment: _____

Address: _____

PARCEL ID REQUIRED _____ (City) (State) (Zip Code)
www.mcrealestate.org

Owner Information:

Name: _____

Address: _____
(City) (State) (Zip Code)

Telephone: _____ Cell: _____

Submitter Information:

Name: _____

Address: _____
(City) (State) (Zip Code)

Telephone: _____ Cell: _____

Email Address _____

Type: Food Service ____ Retail Food Establishment ____ Transient Accommodation ____ (Number of rooms) ____

Category: Restaurant ____ Retail Market ____ Institution ____ Daycare ____ Other ____

Projected Date for Completion: _____

Total Square Footage of Facility: _____

OFFICE USE ONLY

Date Received:

New _____

Remodel _____

Conversion _____

Area: _____

Sanitarian: _____

PLAN REVIEW FEE SCHEDULE

New Construction

FSO/RFE	Square Feet of Facility	Local Fee
	<1000 Square Feet	\$357.50
	1000-2499 Square Feet	\$495.00
	>2500 Square Feet	\$625.00
Remodeling	Fees determined by project	

Transient Accommodations	Number of Rooms	
	<100 Units	\$375.00
	>100 Units	\$525.00

Consultation	\$55 per hour
--------------	---------------

Mail to:

**Public Health-Dayton & Montgomery County
Environment Health
Attn: Cindy Jones
117 South Main Street
Dayton, OH 45422**

Rev 4/2020 It

For additional information concerning your submittal, contact Cindy Jones at
(937) 225-6150 or by email at cjones@phdmc.org