

MICRO MARKET 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 ($\frac{1}{4}$ inch = 1 foot).
6. The plans and drawings must be clear and legible.
7. Submit a complete menu.
8. Plan Review fee will be **\$90.50** and must be paid when the plans are submitted. Cash, check and money order are accepted. Make checks payable to: **Hancock Public Health**
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.

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.

MICRO MARKET PLANNING APPLICATION

Facility Name: _____

Address, City, Zip: _____

Facility Phone Number: _____ FSO ____ (or) RFE ____

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

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): _____

Linear Display Footage: _____
 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.

1. 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	Health Lockout Timer
Example: Custom Made Walk-in Cooler by ABC Manufacturing	X		NSF Approved	Yes/No

Comments:

2. 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

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
Example: 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:				

Comments:

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:

- | | | |
|--|--------------------------|-----------------|
| ⌘ food storage areas | ⌘ food preparation areas | ⌘ display areas |
| ⌘ utensil and equipment cleaning areas | | ⌘ storage areas |

Comments:

INSECT AND RODENT CONTROL

3. 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? _____

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

Yes No

5. Are all openable windows screened?

Yes No N/A

6. 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

Comments:

SOLID WASTE STORAGE

7. 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 _____

8. What is the frequency of trash pick-up? _____

9. 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:

MENU

10. 1. Complete the MENU REVIEW SHEET on page 8.

11. Provide a list of your food suppliers.

OTHER


12. 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.


13. 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:** _____

MENU REVIEW SHEET

Please provide the following information for all items to be sold in your facility.

FOOD ITEM	HOW FOOD WILL BE PREPARED:		
	HOMEMADE/ SCRATCH COOKING	PREMADE FROZEN	PREMADE REFRIGERATED
Example: Chili	X		
Example: Potato Salad			X

Please provide any other information:

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		