



1 W. Winter St. PO Box 570 Delaware, OH 43015 Phone: (740)368-1700 Fax: (740)368-1736

Application for Facility Review

Instructions:

1. Complete all applicable sections below
2. Sign and Date the application.
3. Make check or money order for the appropriate fee payable to:
Delaware General Health District
4. Return the application with appropriate fee and enclose the following items:

- _____ Proposed Menu (including seasonal and off-site banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan and/or list of equipment make and model numbers
- _____ Site plan showing location of business in building, location of building on site including alleys and streets, and location of any outside equipment (dumpsters, wells, grease traps, septic systems when applicable).
- _____ Plan drawn to scale of establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.

_____ New

_____ Remodel

_____ Food Service Operation

_____ Retail Food Establishment

Name of establishment: _____

Address: _____

Name of Owner: _____ Owner Phone: _____

Mailing address : _____

Contact Name (if other than owner) _____

Contact Phone: _____

Applicant's Name: _____ Title: _____

Total Square Feet of Facility _____ Proposed Hours of Operation: _____

Projected Start Date: _____ Projected Date of Completion: _____

Type of service (check all that apply):

Sit Down Meals: _____ Take-out: _____ Grocery/Retail: _____ Caterer: _____ Mobile Vendor: _____

Applicant Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Plan Review #	Sanitarian:
Category:	Fee: