



2009 Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Plan Review Fees

- a. Food service establishment where the total building area is:
 - Under 1000 sq. ft. \$394.00
 - 1001- 2000 sq. ft. \$544.00
 - 2001- 3000 sq. ft. \$722.00
 - 3001- 5000 sq. ft. \$845.00
 - >5001 sq. ft. \$906.00
- b. Proposed remodel of a currently licensed establishment is:
 - Under 1000 sq. ft. \$197.00
 - 1001- 2000 sq. ft. \$272.00
 - 2001- 3000 sq. ft. \$361.00
 - 3001- 5000 sq. ft. \$422.00
 - >5001 sq. ft. \$453.00
- c. Resubmitted or modified plans after plan approval are 1/2 the fee listed under a. or b. above.
- d. Double fee is charged if remodeling/construction begins before plans have been submitted and approved.
- e. Mobile Food Units & STFUs are charged under the minimum square footage category above.

Establishment Name: _____
 Address, City, Zip: _____
 Establishment Phone: _____ Fax: _____
 Location Information: Between _____ & _____ Streets
 Prior Establishment Name: _____

Owner Name: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ Email: _____	Food Service Equipment Supply Company Name: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ Email: _____
Architect Name: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ Email: _____	General Contractor Name: _____ Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ Email: _____

Which of the above will serve as the primary contact? _____
 Proposed construction start date: _____ Proposed opening date: _____

Office use only:
 Application #: _____ -2009 Date: _____

General Information

Hours of Operation: _____

Seating Capacity (include bar): _____

Facility Size (square feet): _____

Minimum staff per shift: _____

Maximum staff per shift: _____

These plans are for a: New establishment
 Remodeling
 Conversion

What describes the establishment better?
 On-site Preparation
 Serving Site

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? Yes No
If yes, explain: _____

Type of Operation (check all that apply)

A. 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"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Special transitory food unit |

B. Grocery Related

- | | | |
|---|---|--|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage/processor of: _____ |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Self-service baked goods | |

Please summarize the proposed project. (If more space is needed, please attach additional pages.)

Note that other agencies (Michigan Department of Agriculture, Michigan Liquor Control Commission, local municipalities,) may also require you to submit plans and obtain operating licenses and permits. What you will need depends on your operation. You will be notified by mail if the plans are incomplete, if they do not satisfy the minimum sanitation requirements, or if you are approved. If you have any questions about the plan review process, please contact this office.

State of Michigan Food Plan Review must be submitted to Washtenaw County along with our local forms. Refer to the MDA web site to print out State forms: www.michigan.gov/mda keyword: **Plan Review Resources**

Additional information on *food service plan review* is available at Washtenaw County's website:
<http://foodsafety.ewashtenaw.org>

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of Owner or Representative: _____

Name and Title (please print): _____

Date: _____