



# Lorain County Public Health

Environmental Health, Emergency Preparedness, and Epidemiology Division

**Lorain County  
Public Health**

For the Health of Us All

## Food Service/Retail Food Establishment Plan Review Application

*Per OAC 901:3-4-07 and OAC 3701-21-03, No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation or retail food establishment until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. The licensor shall use the facility layout and equipment specification criteria set forth in the rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and specifications.*

**PLAN REVIEW FEE: \$100** for facilities less than 25,000 sq. ft., **\$200** for facilities 25,000 sq. ft. or greater  
There is no plan review fee for mobile operations. *Make checks payable to: Lorain County Public Health*

Name of Proposed Operation: \_\_\_\_\_

Business Address of Proposed Operation: \_\_\_\_\_

City, State, Zip of Proposed Operation: \_\_\_\_\_

New Construction, Remodel of Your Existing Business, or a Change of Business? \_\_\_\_\_

Type of Operation (Restaurant, Bar, Retail Store, Mobile, Child Care, etc.): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone#: \_\_\_\_\_

Owner's Address/City/State/Zip: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Architect Phone #: \_\_\_\_\_

Architect Address/City/State/Zip: \_\_\_\_\_

Architect Email Address: \_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

**Please read the following statement, then sign and date below:**

*Per OAC 901:304007 and OAC 3701-21-03, Lorain County Public Health has up to 30 days from date of receipt of plans to act upon them. Plans will be reviewed in the order in which they are received. Any questions the plan reviewer may have will be submitted in writing or via email to the responsible party. A signed plan approval letter will be mailed when the plans have been approved. Please ensure all items on pages 2 and 3 have been completed prior to submitting the plan review.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====  
**(Office Use Only)**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Check No: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Approved: \_\_\_\_\_ By: \_\_\_\_\_



**To license your facility correctly, we must know about the food handling practices that will take place.**

**Please check all that apply to your facility:**

- |  |  |
|--|--|
| <input type="checkbox"/> Par cooking food (i.e. chicken wings)       | <input type="checkbox"/> Offer raw fish for consumption (sushi or sashimi)         |
| <input type="checkbox"/> Bulk cooling and bulk reheating             | <input type="checkbox"/> Acidify rice  |
| <input type="checkbox"/> Time in lieu of temperature control         | <input type="checkbox"/> Blending smoothies  |
| <input type="checkbox"/> Sous Vide cooking                           | <input type="checkbox"/> Cook raw beef, chicken, pork, fish                        |
| <input type="checkbox"/> Vacuum Packaging                            | <input type="checkbox"/> Sell pre-packaged, non-refrigerated food items            |
| <input type="checkbox"/> Cook-chill packaging                        | <input type="checkbox"/> Sell packaged, refrigerated items                         |
| <input type="checkbox"/> Operate a heat-treatment ice cream machine  | <input type="checkbox"/> Cater off site  |
| <input type="checkbox"/> Cutting meat or cheese                      | <input type="checkbox"/> Operate 6 months per year or less                         |
| <input type="checkbox"/> Cutting fruit, vegetables, or other produce | <input type="checkbox"/> Operate a child care that receives food and does not cook |
| <input type="checkbox"/> Assembling sandwiches                       |  |
| <input type="checkbox"/> Operate a Buffet                            |  |

Certain food handling practices may require additional paperwork, HACCP plans, or training.

**Please list out your proposed food sources:**

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**Food Safety Education:**

As of March 1, 2017, at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall obtain the Level Two certification in food protection according to rule 3701-21-25 of the Administrative Code. This rule applies to all Risk Level 3 and Risk Level 4 Food Service Operations and Retail Food Establishments.

If available, please list the names of persons with Level 2 Certification in Food Safety:

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