



# Lorain County Public Health

Environmental Health, Emergency Preparedness, and Epidemiology Division

**Lorain County  
Public Health**

For the Health of Us All

## Plan Review Application for MOBILE FSO/RFE

*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.*

**There is no plan review fee for mobile operations.  
Please send completed application and associated drawings to:  
Lorain County Public Health 9880 S. Murray Ridge Rd., Elyria, OH 44035**

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

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

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

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

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

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

Address where the unit will be stored: \_\_\_\_\_

Will this unit use a commissary (YES OR NO)? \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

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

Commissary Address Continued: \_\_\_\_\_

Type of Mobile (Choose One):    [ Trailer ]    [ Knock Down/Tent ]    [ Food Truck ]    [ Cart ]

Construction Start Date: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

All equipment and proposed food items must be listed in the plan review, as they are required to be posted on the back of the mobile license. Any additional support trucks, trailers, side carts, etc. must be included in this plan review. For additional resources, please visit [www.loraincountyhealth.com/foodsafety](http://www.loraincountyhealth.com/foodsafety).

Application continues on the next page →

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**(Office Use Only)**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

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

The Ohio Uniform Food Code section **3717-1-09 "Criteria for reviewing facility layout and equipment specifications"** outlines all **REQUIRED** information for each plan review. Below is a checklist to ensure ALL items have been included in the packet. **Failure to include all items will delay the plan review process and may result in plans being disapproved. Starting construction prior to plan review and approval does not guarantee the mobile will be approved as built. Purchasing a used mobile unit or a mobile unit from outside of Ohio does not guarantee plan approval.**

*Per OAC 3717-1-09 (A) The facility layout and equipment specifications submitted for the approval of the licensor shall clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code can be met. The facility layout and specifications shall be legible, be drawn reasonably to scale, and shall include:*

- Menu or list of food items to be sold
- Total Square Footage to be used
- Site plan, which includes location of the business in a building and/or the location of the building on site, including alleys, streets, dumpsters, potable water source, and sewage treatment system
- Interior and exterior seating areas
- Entrances and Exits
- Location, number, and types of plumbing fixtures
- Water Supply Facilities
- Lighting plan
- Floor plan showing the fixtures and equipment
- Building materials and surface finishes to be used
- An equipment list with equipment manufacturers and model numbers.

For fresh water, will you have a holding tank or need to be connected to water? \_\_\_\_\_

For waste water, will you have a tank or connect to sanitary sewer? \_\_\_\_\_

Fresh water tank size: \_\_\_\_\_ Wastewater tank size: \_\_\_\_\_

Backflow preventer type or number: \_\_\_\_\_

Preferred Method of Contact:     Email     Phone Call     Text

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

*Per OAC 901:3-4-07 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. The plan reviewer will contact the applicant if additional information is required. A signed plan approval letter will be mailed when the plans have been approved. Please ensure the entire application has been completed prior to submitting the plan review.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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