PLAN REVIEW APPLICATION

The St. Clair County Health Department welcomes you to the Plan Review process.

The fee schedule is as follows:

- Full Plan Review..... 0-50 seats $330.00
- 51-100 seats $385.00
- 101 seats or more $440.00

- Partial Plan Review... 0-50 seats $165.00
- 51-100 seats $220.00
- 101 seats or more $275.00

The Plan Review packet is comprised of the following parts:

1. The Plan Submittal Instructions
2. The Food Establishment Plan Review Process
3. The Food Establishment Plan Review Application
4. The Food Establishment Plan Review Worksheet

The Plan Submittal Instruction Sheet lists the items required to complete the Plan Review Application. Upon receipt of the required items, the application will be reviewed in a timely manner. The following correspondence may be sent: requests for more information, and disapproval letters. Once the Plan Review is completed, an approval letter will be sent. For more information or questions, contact the St. Clair County Health Department at (810) 987-5306.
Fixed Food Establishment Plan Review Application

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

Establishment Name: ____________________________________________________________

Address, City, Zip: _________________________________________________________________

Establishment Phone: ______________________________

Location Information: Between ____________ & ____________ street

Prior Establishment Name: _________________________________________________________

<table>
<thead>
<tr>
<th>Owner</th>
<th>Food Service Equipment Supply Co.</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name ___________________________</td>
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<tr>
<td>Address</td>
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<tr>
<td>City, State</td>
<td>City, State __________________________</td>
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<td>E-Mail</td>
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<thead>
<tr>
<th>Architect</th>
<th>General Contractor</th>
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<tbody>
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Which of the above will serve as the primary contact? __________________________________________

Which of the above should all correspondence be mailed to? __________________________________________

Proposed construction start date: ____________ Proposed opening date: ____________

For reviewing agency use only:

Fee $: ________________ Check #: ________________

Date: ________________ Receipt #: ________________

Plan Review #: ____________ Assigned to: ________________

Remarks: __________________________________________

www.michigan.gov/mdard, keyword: Food Plan Review - Industry
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 (e.g., bar, dining, storage, cooking, etc.)?
___ Yes ___ No

If yes, explain: __________________________________________________________________

Type of Operation (check all that apply)

A. Restaurant Related
___ Sit down meals ___ Commissary ___ Buffet or salad bar
___ Counter ___ Church ___ Tableside / display cooking
___ Cafeteria ___ Takeout menu ___ Hospital
___ Fast food ___ Catering ___ Bottling alcoholic beverages
___ Bar with food prep

B. Grocery Related
___ Grocery store ___ Produce processing ___ Wholesale foods
___ Fresh Meat ___ Smoked fish ___ Repackage / processor of: _________________________
___ Seafood / fish ___ Bakery ___ Water bottling
___ Deli ___ Commissary ___ _____________
___ Ice production / packaging ___ Self-service bulk items ___ Bottling alcoholic beverages
___ Produce ___ Self-service baked goods

Please summarize the proposed project.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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

Signature of owner or representative ___________________________ Date __________

Please print name and title here ________________________________