# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

**ESTABLISHMENT NAME:**

**OWNER NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**EMAIL:**

<table>
<thead>
<tr>
<th>ESTABLISHMENT CLASSIFICATION</th>
<th>REGULAR FEE (within 30 business days)</th>
<th>EXPEDITED FEE* (within 7 business days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaved Ice</td>
<td>☐ $250</td>
<td>☐ $500</td>
</tr>
<tr>
<td>Mobile/Seasonal</td>
<td>☐ $350</td>
<td>☐ $700</td>
</tr>
<tr>
<td>Category 1 (Remodel of existing UCHD inspected location)</td>
<td>☐ $250</td>
<td>☐ $500</td>
</tr>
<tr>
<td>Category 2 (Up to 300 square feet)</td>
<td>☐ $350</td>
<td>☐ $700</td>
</tr>
<tr>
<td>Category 3 (301-500 square feet)</td>
<td>☐ $450</td>
<td>☐ $900</td>
</tr>
<tr>
<td>Category 4 (501 square feet or greater)</td>
<td>☐ $550</td>
<td>☐ $1100</td>
</tr>
<tr>
<td>Elementary School</td>
<td>☐ $125</td>
<td>☐ $250</td>
</tr>
<tr>
<td>Middle/Junior/Senior Schools</td>
<td>☐ $225</td>
<td>☐ $450</td>
</tr>
<tr>
<td>Mobile with Proof of Prior Permit in Utah</td>
<td>☐ $250</td>
<td>☐ $500</td>
</tr>
</tbody>
</table>

Has food establishment/mobile been previously permitted? YES ☐ NO ☐ If yes, where? ________________________________

- Submit plans to the Provo Environmental Health Office (plans not accepted at the Am Fork office).
- Submitted plans cannot be smaller than scale of ¼ inch = 1 foot.
- Incomplete plans or digital plans will not be accepted.
- Expedited plans must be architectural grade.

Please check ☐ and indicate by page number the location of the following on plans:

- Floor Plans Showing Equipment Location (pg #)____________________
- Plumbing Plan and Schedule (Location of floor sinks, floor drains, water and sewer lines, etc) (pg #)____________________
- Equipment Schedule (Listing of all the model numbers and types of equipment in the facility) (pg #)____________________
- Mechanical Plan (Type of ventilation hoods, other ventilation such as the restrooms) (pg #)____________________
- Finish Schedule (Types of floor, base, wall and ceiling finishes in the facility) (pg #)____________________
- Light Shielding Information (How lights are covered) (pg #)____________________
- BTU/KW of Water Heater: ______________________ ☐ Water Heater Capacity: ______________________
- 3 Compartment Sink (Dimensions) ________X ________X ______________________
- Size of largest piece of equipment to be washed & sanitized: ______________________
- Menu (Web Link, optional) ______________________ ☐ Seating Capacity: ______________________

**********************************************************************************************************************************************MOBILE/SHAVED ICE ONLY**********************************************************************************************************************************************

- Gray water tank capacity: ______________________ gallons ☐ Fresh water tank capacity: ______________________ gallons
- Commissary Agreement ☐ Restroom agreement (shaved ice only)

**Commissary Name/ Location:** ______________________
Send Finished Plan Review to:

Name/Title: __________________________________________ Telephone: ______________________

Email Address: __________________________________________

Address: __________________________________________ City: __________ State: ____ Zip: ____

Contractor/Builder Name: __________________________________________ Phone: __________

Contractor/Builder Email: __________________________________________

Note: A penalty of 100% of the permit fee will be charged for an establishment that starts operation without a food service permit. I hereby affirm that the above-named food service establishment will be constructed as specified in the submitted plans, and that construction will not begin until a plan review has been completed. Alterations involving the kitchen or food service establishment portion of the building will be resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned above.

Signature: __________________________________________ Date: __________________________________

******************************************************************************Office Use Only******************************************************************************

Payment received by: ___________________________ Payment Date: ___________________________

Cash ☐ Check ☐ ________________ Credit/Debit ☐ ________________

Plan review due by: ___________________________ EHS Application approval: _____ File number: _____________