



Health Department
Division of Environmental Health

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

ESTABLISHMENT NAME: _____ OWNER NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: (Owner) _____ EMAIL: _____

ESTABLISHMENT CLASSIFICATION (Determined by size of foodservice area)	REGULAR FEE (within 30 business days)	EXPEDITED FEE* (within 7 business days)
Shaved Ice	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
Mobile/Seasonal	<input type="checkbox"/> \$350	<input type="checkbox"/> \$700
Category 1 (Remodel of existing UCHD inspected location)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
Category 2 (Up to 300 square feet)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$700
Category 3 (301-500 square feet)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$900
Category 4 (501 square feet or greater)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$1100
Elementary School	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250
Middle/Junior/Senior Schools	<input type="checkbox"/> \$225	<input type="checkbox"/> \$450
Mobile with Proof of Prior Permit in Utah	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500

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: _____

Office: 801-851-7525 E-mail: eh@utahcounty.gov
151 S University Ave, Ste 2600, Provo, Utah 84601



Office: 801-851-7332 E-mail: eh@utahcounty.gov
599 South 500 East, American Fork, Utah, 84003

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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: _____