



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)
Mobile Business (Food Truck, Trailer, or Cart)	<input type="checkbox"/> \$550
Remodel of Existing Kitchen	<input type="checkbox"/> \$250
Category 1 – Shaved Ice	<input type="checkbox"/> \$425
Category 2 (Up to 300 square feet)	<input type="checkbox"/> \$650
Category 3 (301-500 square feet)	<input type="checkbox"/> \$850
Category 4 (501 square feet or greater)	<input type="checkbox"/> \$1000
All Schools	<input type="checkbox"/> \$650

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 will not be accepted.**
- **Submit digital plans as pdf.**

**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: \_\_\_\_\_



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

Division of Environmental Health

**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: \_\_\_\_\_