



**Public Health**  
Prevent. Promote. Protect.  
Canton City Health Department

## FOOD FACILITY PLANNING APPLICATION

Canton City Health Department  
420 Market Ave. N  
Canton, Ohio 44702  
Phone: (330) 489-3327 Fax: (330) 489-3335

**In order to submit plans the following must be completed:**

1. Plans will only be accepted by a sanitarian. Contact this department to set up a date and time to drop off plans.
2. Submit the completed PLAN REVIEW APPLICATION.
3. Submit the entire layout of the facility.
4. Submit a layout of all food serving, preparing and storage areas, this includes basements if used for storage including pop/beverage storage.
5. The drawing must include the exact layout of all equipment (example: sinks, coolers, tables, storage areas, etc.).
6. The plans must be drawn to scale (recommended scale: ¼ inch = 1 foot).
7. The plans and drawings must be clear and legible.
8. Submit a complete menu.
9. Plan Review fee must be paid when the plans are submitted. See chart below to determine fee. Cash, check and money order are accepted. Make checks payable to: Canton City Health Department.

| <b>Commercial</b> |      |         |
|-------------------|------|---------|
| Size              | Risk | Fee     |
| <0-24,999 sq. ft. | 1    | 270.00  |
| <0-24,999 sq. ft. | 2    | 315.00  |
| <0-24,999 sq. ft. | 3    | 607.50  |
| >25,000 sq. ft.   | 3    | 1089.00 |
| <0-24,999 sq. ft. | 4    | 787.50  |
| >25,000 sq. ft.   | 4    | 1485.00 |

| <b>Non-commercial</b> |      |        |
|-----------------------|------|--------|
| Size                  | Risk | Fee    |
| <0-24,999 sq. ft.     | 1    | 135.00 |
| <0-24,999 sq. ft.     | 2    | 157.50 |
| <0-24,999 sq. ft.     | 3    | 303.75 |
| >25,000 sq. ft.       | 3    | 544.50 |
| <0-24,999 sq. ft.     | 4    | 393.75 |
| >25,000 sq. ft.       | 4    | 742.50 |

☞ All materials submitted become the property of Canton City Health Department. You are responsible for making your own copies of the material submitted.

Contact this department to set up an appointment with a sanitarian. Only complete plans will be accepted for plan review. By law this department has 30 days to review the complete set of plans. If you make any changes to the set of plans including equipment, you are required to contact your inspector for approval. At the time of your prelicense inspection, if your equipment or layout differs from the set of plans that have been approved, it may delay licensing of your facility. If you have any questions or concerns during the plan review process, please contact this department to speak to a sanitarian.

# FOOD FACILITY PLANNING APPLICATION

Facility Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ FSO \_\_\_\_ (or) RFE \_\_\_\_

|  |  |
|--|--|
| <p><input type="checkbox"/> <b>OWNER</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone: _____</p> <p>E-mail: _____</p> <p>Fax: _____</p>    | <p><input type="checkbox"/> <b>FOOD SERVICE EQUIPMENT SUPPLY CO.</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone: _____</p> <p>Email: _____</p> <p>Fax: _____</p> |
| <p><input type="checkbox"/> <b>ARCHITECT</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone: _____</p> <p>Email: _____</p> <p>Fax: _____</p> | <p><input type="checkbox"/> <b>GENERAL CONTRACTOR</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone: _____</p> <p>E-mail: _____</p> <p>Fax: _____</p>               |

**Check (☑) the box, ( ☐ ) for the primary contact**

**Please circle which contact all information should be sent to:**    Owner    Architect    General Contractor

Proposed construction start date: \_\_\_\_\_      Proposed opening date: \_\_\_\_\_

## GENERAL INFORMATION

Hours of Operation: \_\_\_\_\_ Risk Category (1-4) \_\_\_\_\_

Seating Capacity (including bar): \_\_\_\_\_ Facility Size (Square Feet) \_\_\_\_\_

These plans are for a: (check  one of the following)     New Facility     Remodel     Addition

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?     Yes     No

If yes, explain: \_\_\_\_\_

 All outdoor areas of the operation must be included in the plans.

What type of water will be supplied?     Public Water     Private/Well Water

### Type of Operation (check all that apply)

#### A. Food Facility (Restaurant) Related

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Sit down meals     | <input type="checkbox"/> Commissary    | <input type="checkbox"/> Buffet or salad bar        |
| <input type="checkbox"/> Counter            | <input type="checkbox"/> Church        | <input type="checkbox"/> Tableside/ display cooking |
| <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Take out menu | <input type="checkbox"/> Hospital                   |
| <input type="checkbox"/> Fast Food          | <input type="checkbox"/> Catering      | <input type="checkbox"/> Sushi                      |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Other _____                |

#### B. Food Establishment (Grocery Store, Retail Store) Related

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Grocery/ Retail Store                          | <input type="checkbox"/> Produce                 | <input type="checkbox"/> Ice production/ packing                           |
| <input type="checkbox"/> Fresh Meat                                     | <input type="checkbox"/> Deli                    | <input type="checkbox"/> Water bottling                                    |
| <input type="checkbox"/> Seafood/ fish                                  | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Smoking or curing meats                           |
| <input type="checkbox"/> Bakery   | <input type="checkbox"/> Self-service bake goods | <input type="checkbox"/> Sushi   |
| <input type="checkbox"/> Reduced Oxygen Packaging<br>(Vacuum Packaging) | <input type="checkbox"/> Processing Wild Game    | <input type="checkbox"/> Repackaging of commercially<br>processed products |
| <input type="checkbox"/> Micro Market                                   | <input type="checkbox"/> Other _____             | <input type="checkbox"/> Other _____                                       |

Please summarize the proposed project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FOOD PREPARATION REVIEW

## 1. PERSON IN CHARGE

A facility must have a person in charge (PIC) that demonstrates knowledge in food safety as specified in OAC 3717-1-02.3(B). Additionally, all facilities must have a PIC on site at all hours of operation that has obtained Level 1 Certification in Food Protection from an approved provider. This requirement does not apply to Micro Markets. All Risk Level 3 and 4 facilities must also have at least one employee that has supervisory and management responsibilities and the authority to direct and control food preparation and service that has obtained Level 2 Certification in Food Protection from an approved provider.

Provide copies of all Level 1 and Level 2 Food Protection Certification. Please describe who will be the PIC during hours of operation at your facility with Level 1 Certification in Food Protection. Also, describe the employee with supervisory and management responsibility as described above who has obtained Level 2 Certification in Food Protection.

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## 2. HOW WILL YOU PREPARE PRODUCE? (Check all that apply)

|  |
|--|
| <input type="checkbox"/> No produce will be used or served   |
| <input type="checkbox"/> All produce will come into the facility pre-washed and pre-cut. (Supply invoices on request)                  |
| <input type="checkbox"/> All produce will be prepared in a food preparation sink that has at least a 2-inch air gap to the sewer line. |

Comments:

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## 3. HOW WILL POTENTIALLY HAZARDOUS FOOD BE THAWED? (Check all that apply)

| Thawing Method   | Foods less than 1-inch thick | Foods more than 1-inch thick |
|--|------------------------------|------------------------------|
| Under Refrigeration  |                              |                              |
| Under Running Cold Water (less than 70° F) in an air gapped preparation sink |                              |                              |
| Cook from frozen   |                              |                              |
| Microwave as part of the cooking process                                     |                              |                              |
| Other:   |                              |                              |

Comments:

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#### 4. COOKING POTENTIALLY HAZARDOUS FOOD

List all cooking equipment and check all applicable boxes. Use additional paper if needed.

| Equipment Name                                   | New | Used | NSF Approved or Equivalent |
|--|-----|------|----------------------------|
| Example: Manufacturer Name, Gas Grill Model 25 S | X   |      | NSF Approved               |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |

Comments:

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#### 5. HOT HOLDING OF POTENTIALLY HAZARDOUS FOOD

List all hot holding equipment and check all applicable boxes. Use additional paper if needed. All potentially hazardous food must be held at a temperature of 135° F or higher.

| Equipment Name   | New | Used | NSF Approved or Equivalent |
|--|-----|------|----------------------------|
| Example: Manufacturer Name, Electric Stem Well Model 35 TU | X   |      | NSF Approved               |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |

Will accurate thermometers be provided in all hot holding equipment? \_\_\_Yes \_\_\_No

Comments:

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**6. COLD HOLDING OF POTENTIALLY HAZARDOUS FOOD**

List all cold holding equipment and check all applicable boxes. Use the back of this sheet or additional paper if needed. All potentially hazardous food must be held at an internal temperature of 41° F or lower.

- \*No ice may be used to hold time and temperature controlled for safety foods (potato salad, cheese.)
- \*Commercial mechanical refrigeration must be provided

| Equipment Name   | New | Used | NSF Approved or Equivalent |
|--|-----|------|----------------------------|
| Example: Custom Made Walk-in Cooler by ABC Manufacturing | X   |      | NSF Approved               |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |
|  |     |      |                            |

Number of cubic feet of usable refrigeration space: \_\_\_\_\_

Number of cubic feet of usable freezer space: \_\_\_\_\_

Will accurate thermometers be provided in all cold holding equipment? \_\_\_Yes \_\_\_No

Comments:

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**7. TIME IN LIEU OF TEMPERATURE**

Will time-in-lieu of temperature be used for bacterial growth control, instead of hot or cold holding?  
\_\_ Yes \_\_ No

If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

## 8. COOLING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** foods that will be cooled using each of the following methods. Foods must be cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or lower within 4 additional hours. More than one method may be used. Use the back of this sheet or an additional paper if needed.

- Check box if your facility will not cool down potentially hazardous food.

### Example:

| COOLING METHOD                 | LIST OF FOOD ITEMS |
|--------------------------------|--------------------|
| Shallow pans in walk-in cooler | Rice, soup         |

| COOLING METHOD   | LIST OF FOOD ITEMS |
|--|--------------------|
| Shallow pans in a walk-in cooler   |                    |
| Ice baths  |                    |
| Reducing large quantity into smaller quantities (i.e. dividing up a large pot of soup into 2-3 smaller pans) |                    |
| Ice Wands  |                    |
| Rapid chill devices (i.e. blast freezers)  |                    |
| Other:   |                    |

Comments:

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## 9. REHEATING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** food items that will be reheated and check the applicable boxes. All potentially hazardous food must be reheated by a direct heat source to a temperature of 165° F for 15 seconds within 2 hours. Use the back of this sheet or additional paper if needed.

- Check box if your facility will not reheat potentially hazardous food

| Food Item      | Method        |
|----------------|---------------|
| Example: Chili | Gas Stove Top |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |
|                |               |

## 10. FOOD HANDLING

How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply.

|  |   |
|--|---|
| <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Utensils with a handle |
| <input type="checkbox"/> Deli Tissue       | <input type="checkbox"/> Other:                 |

Comments:

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## 11. DATE MARKING

When ready to eat and time/temperature controlled for safety food is opened, cooked, or prepared it must be refrigerated at 41°F or less and date marked if not used within 24 hours. These must be consumed or discarded within 7 days.

Will you have food product that will require datemarking?     \_\_\_ Yes \_\_\_ No

If yes, describe how you will date mark these items or provide a copy of your standard operating procedures. **Example:** Day dots will be marked with the date made and 7 day discard date

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## 12. WAREWASHING

-Check the method(s) your facility will use for warewashing:

- 3-Compartment Sink             Warewashing Machine

-Check the type of sanitization used:

- Hot water (What is the minimum final rinse temperature provided? \_\_\_\_\_)

With a booster heater?   \_\_\_ Yes \_\_\_ No     Is ventilation provided?   \_\_\_ Yes \_\_\_ No

- Chemical type (Provide the appropriate testing kit for your sanitizer):

Chlorine (regular bleach)             Quaternary ammonium             Iodine

-Do all warewashing machines have templates with operating instructions?   \_\_\_ Yes \_\_\_ No

-Do warewashing machines have a visible or audible alarm for delivering detergent/sanitizer?   \_\_\_ Yes \_\_\_ No



-Do warewashing machines have accurate temperature/pressure gauges? \_\_\_ Yes \_\_\_ No

-Does the largest pot and pan fit into each compartment of the pot sink? \_\_\_ Yes \_\_\_ No

If no, what is the procedure for manual cleaning and sanitizing?

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-Are there drain boards on **both** ends of the pot sink? \_\_\_ Yes \_\_\_ No

☞ **Grease Trap:** Contact the appropriate building inspection department regarding grease trap requirements.

☞ **Please note:** If you **only** have a warewashing machine and no 3-compartment sink you will be required to close if your warewashing machine is not working properly.

Comments:

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### 13. DRY STORAGE

Is sufficient space provided for the storage of food, equipment, and utensils? \_\_\_ Yes \_\_\_ No

Number of cubic feet of usable dry storage space: \_\_\_\_\_

### 14. HANDWASHING / TOILET FACILITIES/ DRESSING ROOMS

☞ Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.

☞ All sinks must be equipped with hot and cold running water supplies through a mixing valve or combination faucet. Soap, paper towels, trash receptacles, and signs promoting hand washing must be provided at all handwash sinks.

-Is there a handwashing sink in each food preparation and warewashing area? \_\_\_ Yes \_\_\_ No

-Is hand cleanser available at all handwashing sinks? \_\_\_ Yes \_\_\_ No

-Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? \_\_\_ Yes \_\_\_ No

-Are covered waste receptacles available in all restrooms used by females? \_\_\_ Yes \_\_\_ No

-Is hot and cold running water under pressure available at each handwashing sink? \_\_\_ Yes \_\_\_ No

- Do all handwashing sinks, including those in the restrooms, provide hot water of at least 100°F \_\_\_ Yes \_\_\_ No
- Are all toilet room doors self-closing? \_\_\_ Yes \_\_\_ No
- Are all toilet rooms equipped with adequate ventilation? \_\_\_ Yes \_\_\_ No
- Is a handwashing sign posted at each handwashing sink? \_\_\_ Yes \_\_\_ No
- Are dressing rooms provided? \_\_\_ Yes \_\_\_ No

Describe storage facilities for employees' personal belongings (purse, coat, boots, umbrellas, etc.)


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 **Note:** You must supply a place for employee's belongings away from food and utensil storage to prevent cross contamination.

### 15. EMPLOYEE HEALTH

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions?  
 \_\_\_ Yes \_\_\_ No

Are there written procedures for employees to follow when responding to vomiting or diarrheal events?  
 \_\_\_ Yes \_\_\_ No

## ROOM FINISH MATERIALS

☞ Please note that all surfaces must be smooth, durable and easily cleanable. All surfaces subject to moisture must be non-absorbent. List the material that will be used to provide a durable, smooth, and cleanable surface. Coving material must also be rounded. Please explain abbreviations.

Check the box if room finish schedules are listed on your plans

| Area                    | Floor Material  | Coving Material     | Wall Material                               | Ceiling Material           |
|-------------------------|-----------------|---------------------|---|----------------------------|
| <b>Example:</b> Kitchen | Commercial tile | Rubber base molding | Painted dry wall/stainless behind cook line | Vinyl coated ceiling tiles |
| Preparation             |                 |                     |   |                            |
| Cooking                 |                 |                     |   |                            |
| Dishwashing/Warewashing |                 |                     |   |                            |
| Food Storage            |                 |                     |   |                            |
| Bar                     |                 |                     |   |                            |
| Dining                  |                 |                     |   |                            |
| Employee Restrooms      |                 |                     |   |                            |
| Dressing Rooms          |                 |                     |   |                            |
| Walk-in Cooler          |                 |                     |   |                            |
| Walk-in Freezer         |                 |                     |   |                            |
| Garbage Room            |                 |                     |   |                            |
| Janitor Closet          |                 |                     |   |                            |
| Other:                  |                 |                     |   |                            |
|                         |                 |                     |   |                            |
|                         |                 |                     |   |                            |
|                         |                 |                     |   |                            |
|                         |                 |                     |   |                            |

Comments:

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## LIGHTING

Will at least 50 foot-candles of light be provided at:

Food preparation surfaces (including bars)?  Yes  No  N/A

Will at least 20 foot-candles of light be provided at:

Surfaces in consumer self service areas?  Yes  No  N/A

Where fresh produce or packaged foods are sold  Yes  No  N/A

Inside Equipment?  Yes  No  N/A

Will at least 20 foot-candles of light at a distance of 30 inches above the floor be provided in:

Areas used for handwashing?  Yes  No  N/A

Areas used for warewashing?  Yes  No  N/A

Areas used for equipment or utensils storage?  Yes  No  N/A

In toilet rooms?  Yes  No  N/A

Will at least 10 foot-candles of light at a distance of 30 inches above the floor be provided:

Inside walk-in coolers and freezers?  Yes  No  N/A

In dry food storage areas?  Yes  No  N/A

In dining areas?  Yes  No  N/A

All other areas / rooms when cleaning?  Yes  No  N/A

☞ Indicate type and location of lighting that will be used in the facility on the plans. Lights must be shielded with light tubes and end caps or with shatter proof bulbs in the following areas :

- ☞ food storage areas
- ☞ food preparation areas including bars
- ☞ display areas
- ☞ utensil and equipment cleaning areas
- ☞ storage areas

Comments:

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## INSECT AND RODENT CONTROL

How often will the company come out to provide pest control measures? \_\_\_\_\_

Are all outside doors tight fitting to prevent the entry of insects and pests?  Yes  No

Are all openable windows screened?  Yes  No  N/A

If you want to open an outside door it must be supplied with a tight fitting screen that meets both building and fire code. Have you supplied tight fitting screen doors that meet both fire and building codes?

Yes  No  Will not prop open outside doors

Comments:

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## OUTSIDE SOLID WASTE STORAGE

What type of storage will be used?  Compactor  Dumpster  Cans

What type of surface will be under the container? \_\_\_\_\_

 Note: All dumpster lids must be kept shut to prevent trash from blowing around your property. We recommend that you place locks on your dumpsters. Your facility is responsible for keeping the property clean and free of litter and weeds.

 Remember to show details on site plan, including waste storage unit location.

 Note: Containers must be rodent and leak proof with tight fitting lids.

## INSIDE SOLID WASTE STORAGE

Please SHOW locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside: \_\_\_\_\_

Describe any inside garbage can storage or cleaning area:

\_\_\_\_\_


Will any compactors or dumpsters be located inside? (If yes, show on plans) \_\_\_ Yes \_\_\_ No

Describe any area where damaged merchandise returned for credit to vendor will be stored:

\_\_\_\_\_

Describe how waste grease will be handled and stored:

\_\_\_\_\_

 Note: Containers must be rodent and leak proof with tight fitting lids.

## MENU

Attach a menu of items that you will be serving or selling and give a brief description of ingredients.

*Example: Grilled Chicken Sandwich – chicken breast with applewood smoked bacon, fresh sliced tomato, lettuce, swiss cheese and honey-mustard*

Complete the MENU REVIEW SHEET

Attach a list of how your bulk ingredients will be received and where they will be stored.

Example: Ground Beef – Walk-in Freezer/Cooler  
Green Peppers – 2 door reach-in cooler  
Raw Chicken – Walk-in Cooler  
Pre-Cooked Chicken – Walk-in Cooler

Chili – Canned-Dry Storage  
Potatoes – Dry Storage  
Lettuce – 2 door reach-in cooler

Does your menu have a consumer advisory printed on it? (See OAC 3717-1-3.5 for details on when a consumer advisory is needed and how it must be worded on your menu.)

Yes     No

Provide a list of your food suppliers and frequency of delivery. Example: US Foods – twice a week .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your facility cater events?  Yes     No

If yes, catered events will be (circle one): on premises (or) off premises

List menu items to be catered:

\_\_\_\_\_

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How will hot food be held at proper temperature during transportation and at the remote serving location?


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How will cold food be held at proper temperature during transportation and at the remote serving location?

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 Note: Caterer's are not permitted to prepare or cook food outside of their licensed kitchen.





## OTHER

- Hot water demand of the water heater  
Hot water tank is circle one: Gas (or) Electric  
What is capacity in gallons of your hot water tank? \_\_\_\_\_  
What is the BTU per hour the hot water tank is capable of? \_\_\_\_\_  
(See the front panel of your hot water tank for this information)
- Where will chemicals be stored? Note: Chemicals must be stored away from food and chemicals to prevent cross contamination. \_\_\_\_\_
- Check if one of the following will be on site:  Washer  Dryer
- Where is your mop sink located? \_\_\_\_\_
- Have you provided a place to hang your mops?  Yes  No  
Where? \_\_\_\_\_
- The plans must include a site plan that includes the location of the business including alleys and streets; the location of outside support infrastructure such as dumpsters, potable water source, sewage treatment system / sewer lines; and interior and exterior seating areas. If the business is located in a building such as a shopping mall or stadium, the site plan must show the location of the business within that building.  
Have you included a complete site plan?  Yes  No
- Plans must show ventilation over cooking equipment such as fryers and grills, in restrooms, and over dishwashing areas to remove moisture and heat.  
  
Is ventilation shown on plans over cooking equipment and dishwashing areas?  Yes  No
- All utility wires and pipes must be enclosed within walls and columns. Pipes and wires should never be located on the floor but can be secured to the wall at least 6-inches off the floor.



## PLAN REVIEW CHECKLIST

**The following information must be included as part of your plan review. Please complete the checklist and submit it with the application.**

Please indicate if you have included the listed components in your plan or if a component is not applicable to your establishment.

| COMPONENT  | YES, IT IS INCLUDED | NOT APPLICABLE |
|--|---------------------|----------------|
| Site Plan  |                     |                |
| Floor Plan, drawn to scale   |                     |                |
| Location of Entrances and Exits  |                     |                |
| Grease trap location   |                     |                |
| Food Preparation Sink with indirect drain (air gap is present)                 |                     |                |
| Ventilation Hoods  |                     |                |
| ANSI fire suppression system over grease producing equipment                   |                     |                |
| Location of all hand sinks (inclusive of restrooms)                            |                     |                |
| Location of all equipment (refrigerators, freezers, and hot holding equipment) |                     |                |
| Location of the 3 compartment sink   |                     |                |
| Location of the dish machine   |                     |                |
| Location of the mop sink   |                     |                |
| Dry storage location(s)  |                     |                |
| Chemical storage location(s)   |                     |                |
| Location of Washer and Dryer   |                     |                |
| Completed Equipment List   |                     |                |
| Completed Interior Finishes List   |                     |                |
| Self-Closing Restroom Doors  |                     |                |

**☞ Please be advised that according to the Ohio Administrative Code Chapter 3701-21-03:**

**No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specifications criteria set forth in rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.**

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

**☞ Signature of owner or representative \_\_\_\_\_ Date: \_\_\_\_\_**

**☞ Please print name and title here: \_\_\_\_\_**