

**TIPPECANOE COUNTY HEALTH DEPARTMENT**

Jeremy P. Adler, M.D.  
20 North Third Street  
Lafayette, Indiana 47901

765-423-9221 (phone) 765-423-9154 (fax)

**Tippecanoe County Health Department Plan Review Application Process**

**Plan Review Application and Fee Schedule  
For  
New Food Establishment / Remodel/ Conversion**

Complete and return enclosed Plan Review Application package to the Tippecanoe County Health Department. Include blueprints, equipment specifications, signed menu by the owner, and your SOPs.\* **Note: Blueprints will not be reviewed until plan review application and packet is completed, and plan review fee is paid.**



Contact all other State and Local Regulatory Agencies that may have authority over this project at the local level. (See last page for contact Information)



To expedite this process additional information may be needed. This might include an on-site preconstruction walk through of the proposed establishment or changes that will be made in an existing facility.



**After Plans are Approved      Building Permit is Issued      Construction Begins**



1. One set of approved plans are to be kept on-site during construction.
2. Any change orders must be approved by the Tippecanoe County Health Department and or Building Code Official having Jurisdiction



Call the Tippecanoe County Health Department after equipment is installed to request a pre-operational inspection. A punch list of items will be provided at this time that must be completed before an operational permit will be issued.\*



Submit complete operational permit application with payment of all appropriate fees making checks payable to the Tippecanoe County Health Department.\*



1. Schedule opening Inspection by Tippecanoe County Health Department.\*
2. Schedule final Inspection by Building Code Officials having Jurisdiction.



**Certificate of Occupancy Signed - Operational Permit Issued - Establishment Opens**

**\*Failure to complete the application packet, items on pre-operational punch list, and permit application with payment of all appropriate fees will delay the issuance of an operational permit by the Tippecanoe County Health Department and the establishment's opening date.**

TIPPECANOE COUNTY HEALTH DEPARTMENT  
Jeremy P. Adler, M.D., Health Officer  
20 North Third Street  
Lafayette, Indiana 47901  
<http://www.tippecanoe.in.gov/health>  
765-423-9221 (phone) 765-423-9154 (fax)

### Tippecanoe County Plan Review Application Fee

Tippecanoe County Ordinance 2007-19 CM defines a mobile food service establishment as an establishment with or without a fixed location that is capable of being readily moved intact from a location, where food is intended for human consumption outside the facility.

**The plan review fee must be paid prior to any review of your plans and/or any consultations regarding new food service establishments. The fee associated with this application is NON REFUNDABLE.**

Establishment's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

**Contact Person's Name** \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Owner's Name \_\_\_\_\_

*Must be different than the Establishment Address*

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

**Contact Person's Name** \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

Contractor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Project Superintendent's Name \_\_\_\_\_

Superintendent's Telephone \_\_\_\_\_

Plan Review Fee Schedule is based on the square footage of your establishment

0-3,000 sq ft: \$150.00     30,001-40,000 sq.ft: \$300.00     60,001sq.ft and over: \$600.00

3,001-30,000 sq.ft:\$200.00    40,001-60,000 sq.ft: \$400.00

Please Note: There will be an additional fee of \$50.00 per follow up visit if required; which is to be paid prior to the site visit

2<sup>nd</sup> inspection \$50.00     3<sup>rd</sup> inspection \$50.00     4<sup>th</sup> inspection \$50.00     5<sup>th</sup> inspection \$50.00

Establishment's Total Square Footage is \_\_\_\_\_ Sq.Ft.

TOTAL AMOUNT DUE:\$ \_\_\_\_\_

Please Make Checks Payable to Tippecanoe County Health Department

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tippecanoe County Health Department**

**Food Establishment Plan Review Application**

New Establishment     Remodel     Change of Ownership

**I have submitted plans/applications to the following authorities on the following dates:**

Zoning                       City Engineer  
 Area Plan Commission             Fire  
 Building Commission

Projected Date for Start of Project \_\_\_\_\_  
Projected Date for Completion of Project\_\_\_\_\_

**Hours of Operation**

Sunday             Monday;  Tuesday;  Friday  
 Tuesday               Saturday

**Type of Operation** (Please circle all that apply)

**Restaurant Related**

Bar with Food Prep            Buffet or Salad Bar            Cafeteria  
Catering                      Church                      Commissary  
Counter                      Fast Food                      Mobile  
Sit down meals              Tableside/Display Cooking      Take out Menu  
Other \_\_\_\_\_

**Number of Seats** \_\_\_\_\_

Maximum Meals to be served:    \_\_\_\_\_ Breakfast  
    \_\_\_\_\_ Lunch  
    \_\_\_\_\_ Dinner

**Grocery Related**

Bakery                              Ice                              Self-service baked  
Deli                                      Production/Packaging      goods  
Fresh Meat                      Produce                      Self-service bulk items  
Grocery Store                      Seafood/Fish

Number of Staff    \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time

Total Square Feet of Facility\_\_\_\_\_

Number of Floors on which operations are to be conducted\_\_\_\_\_

**Please enclose the following documents:**

\_\_\_\_\_Propose Menu (including seasonal, off-site, and banquet menus)

\_\_\_\_\_Site plan showing location of business in building; location of building on site including alleys, streets; location of any outside equipment (dumpsters, well, septic system-if applicable)

\_\_\_\_\_Plan drawn to scale of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_\_\_Manufacturer Specification sheets for each piece of equipment shown on the plans

\_\_\_\_\_Equipment schedule

**Contents and Format of Plans and Specifications**

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch =1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

Submit drawing elevations for self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment to be used for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation and utensil washing.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and /or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
  
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks
  - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste water line connections
  - d. Lighting schedule with protectors
    - (1) At least 216 lux (20 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk in refrigeration units and dry storage areas and in other areas and rooms during period of cleaning
    - (2) At least 756 lux (70 foot candles):
      - i. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption
      - ii. Inside equipment such as reach-in and under-counter refrigerators
      - iii. At a distance of 75cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage and in toilet rooms.
    - (3) At least 756 lux (70 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
  - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with
  - f. A color coded flow chart demonstrating flow patterns for
    - (1) food (receiving, storage, preparation, service)
    - (2) food and dishes (portioning, transport, service)
    - (3) dishes (clean, soiled, cleaning, storage)
    - (4) utensil (storage, use, cleaning)
    - (5) trash and garbage (service area, holding, storage)
  - g. Ventilation schedule for each room
  - h. A mop sink or curbed cleaning facility with facilities for hanging wet mops
  - i. Garbage can washing area/facility
  - j. Cabinets for storing toxic chemicals

- k. Dressing rooms, locker areas, employee rest areas and/or coat rack

## **Food Preparation Review**

Please answer the following questions.

### **Potentially Hazardous Foods**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<b>Category</b>	<b>Yes</b>	<b>No</b>
Thin meats (i.e.: hamburger, fillets) **Thin Foods: have a thickness of one inch or less	_____	_____
Thick meats (i.e.: whole chickens, roast beef) *Thick Foods: have a thickness one inch or more	_____	_____
Cold processed foods	_____	_____
Hot processed foods	_____	_____
Bakery goods	_____	_____
Commercially Canned Products	_____	_____
*Vegetable/Fruit Preparation		
Other _____	_____	_____

\*If the menu dictates, is a food preparation sink present? YES/NO

If yes, where is it located? \_\_\_\_\_

### **Food Supplies**

What are the projected frequencies of deliveries for

Frozen food \_\_\_\_\_

Refrigerated food \_\_\_\_\_

Dry goods \_\_\_\_\_

Provide information on the amount of space (in cubic feet) allocated for the following:

Frozen food \_\_\_\_\_

Refrigerated food \_\_\_\_\_

Dry goods \_\_\_\_\_

How will dry goods be stored off the floor? \_\_\_\_\_

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**Cold Storage**

Will raw meat, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to eat foods? YES/NO

If yes, how will cross-contamination be prevented?

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Does each cold storage unit have a thermometer? YES/NO

**Walk-In Refrigeration and Freezer Storage**

Walk-in Item #	Interior usable height (ft)	Interior Length (ft)	Interior Width (ft)

1. List the number or name for each walk-in refrigerator and freezer. This should be the same number or name used on plans.
2. List the interior usable height of each walk-in (For example, for a unit with a 7' ceiling, the usable height would be 5.5' if the bottom shelf is 6" off the floor and storage will stop 1' from the ceiling.
3. List the interior length and width of each unit.

**Upright Refrigerators and Freezer Storage**

Upright #	Interior depth (in)	Interior Length (in)	Interior Width (in)

1. List the number or name for each upright refrigerator and freezer. This should be the same number or name used on plans. **Do not list working, preparation and line refrigerators.**
2. List the interior depth, width and height for each unit.

Number of soft service ice cream machines \_\_\_\_\_

Number of ice machines \_\_\_\_\_ Self-dispensed                      \_\_\_\_\_ Hand Scoop

**Dry Storage**

Location	Usable room height (ft)	Interior Length (ft)	Interior Width (ft)


1. List the interior usable height of each storage area. (Determine height from floor to ceiling, and then subtract height of food off floor (6 inches) and height of food from ceiling.
2. Please note any auxiliary storage (i.e. Outside)

**Or if there is no dry storage room proposed**

Total Shelving Length (ft)	Shelving Width (ft)

3. Will Canned Racks be utilized? YES/NO

If yes List storage capacity \_\_\_\_\_

**Bulk Storage**

Are containers constructed of safe materials to store bulk food products? YES/NO

Indicate type \_\_\_\_\_

**Advanced Food Preparation**

Please list categories of foods prepared more than 12 hours in advance of service.

Will disposable gloves and/or utensils and /or food grade paper be used to prevent handling of ready-to-eat foods? YES/NO

**Pre- chilling and Produce Cleaning**

Will ingredients for cold ready-to –eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-foods be cooled to 41 F? \_\_\_\_\_

Will all produce be washed on-site prior to use? YES/NO

Is there a planned location and procedure used for washing produce? YES/NO

Describe \_\_\_\_\_

If there is not a separate location to wash produce, describe the procedure for cleaning and sanitizing multiple use sinks between use. \_\_\_\_\_



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Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

**Thawing Frozen Potentially Hazardous Food**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<b>Thawing Method</b>	<b>*Thick Frozen Foods</b>	<b>**Thin Frozen Foods</b>
Refrigeration		
Running Continuous Draining Water Less than 70 F° with a Stand pipe in drain		
Microwave (as part of the cooking process)		
Cooked from frozen state		

\*Thick Frozen Foods: approximately one inch or more

\*\*Thin Frozen Foods: approximately one inch or less

**Cooking**

List types of cooking equipment\_\_\_\_\_

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Will Thermometers be provided for monitoring product Temperature? Yes/No

If yes Describe calibration method \_\_\_\_\_

**Hot/Cold Holding**

How will hot PFH's be maintained at 135 F or above during holding service? Indicate type and number of hot holding units. \_\_\_\_\_

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

2. How will cold PFH's be maintained at 41 F or less during holding service? Indicate type and number of cold holding units. List here the size of working, preparation and line refrigerators.

Prep or line unit #	Interior depth (in)	Interior Length (in)	Interior Width (in)	Total Capacity

**Catering Off-Site/Satellite Operations**

List menu items to be catered. \_\_\_\_\_

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

Maximum number of catered meals per day will be \_\_\_\_\_.

**Catering**

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

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

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

**Catering (contd)**

How will the food be protected during service?

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What types of vehicles will be used to transport food? \_\_\_\_\_

Do you plan on Catering Group Functions on the Purdue Campus? \_\_\_ Yes; \_\_\_ NO  
If yes Contact Dan Hardy at the Purdue University Food Stores Department; Telephone (765)-494-2015; Fax (765)-494-8741; e-mail [dghardy@purdue.edu](mailto:dghardy@purdue.edu) to obtain a copy of their food vendor contract that is good from for one year from July 1- June 30<sup>th</sup>.

What types of sneeze guards or food protection devices will be used? \_\_\_\_\_

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**Cooling**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41F within 6 hours (**135 F to 70 F in 2 hours and 70 F to 41 F in 4 hours**). Also, indicate where cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups Gravies	Thick Soups Gravies	Rice/Noodles
Shallow Pans					
Ice Baths					
Blast Chiller					
Other					

Describe the procedure and equipment used for minimizing the length of time PHF's will be kept in the temperature danger zone (41 F to 135 F) during preparation. \_\_\_\_\_

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**Date Marking**

When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening a last date of use must be placed on the item.

Will the establishment have food items that must be date marked? Yes/No

If yes, describe the date marking system that will be used? \_\_\_\_\_

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**Reheating**

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds. Indicate type and number of units used for reheating.

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How will re-heating food to 165 F for hot holding be done rapidly and within 2 hours?

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Will Time be used as a control? YES/NO

If Yes describe procedure to follow \_\_\_\_\_

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**Management and Personnel**

Will employees be trained in good food sanitation practices? YES/NO

Method of training? \_\_\_\_\_

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Who is the establishment's certified food handler? \_\_\_\_\_

Attach a copy of certification.

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES/NO

Please describe \_\_\_\_\_

**Hand washing/ Toilet Facilities**

Is there a hand washing sink in each food preparation and ware washing area? YES/NO

Will disposable gloves in a glove box holder be provided at the hand sink in food preparation and ware washing area? YES/NO

Do all hand washing sinks, including those in the restrooms have a mixing valve or combination faucet? YES/NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES/NO

Is hand cleanser available at all hand-washing sinks? YES/NO

Are hand-drying facilities available at all hand-washing sinks? YES/NO

Are waste receptacles available at all hand-washing sinks? YES/NO

Are covered waste receptacles available in each restroom? YES/NO

Is hot and cold running water under pressure available at each hand washing sink? YES/NO

Are all toilet room doors self-closing? YES/NO

Are all toilet rooms equipped with adequate ventilation? YES/NO

**Water Supply**

Is water supply public? \_\_\_\_\_; Private \_\_\_\_\_?

If Private, has source been approved? YES/NO;

If Private has a satisfactory water analysis test been obtained? YES/NO

If Private has the well been assigned a public water identification number? YES/NO

Please attach copy of water report analysis.

**ICE**

Where is ice made? \_\_\_\_\_ On Premises \_\_\_\_\_ Purchased Commercially

Describe provision for ice scoop \_\_\_\_\_

\_\_\_\_\_

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**ICE (contd)**

Provide location of icemaker or bagging operation \_\_\_\_\_

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How are backflow prevention devices inspected and serviced? \_\_\_\_\_

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**Plumbing Connections**

	Air Gap	Air Break	In line Back Flow	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilet							
Urinals							
Dishwasher							
Garbage Grinder							
Ice Machines							
Ice Storage Bin							
<sup>1</sup> Sinks a. Mop b. Janitor c. Hand wash d. 3 compartment e. 2 compartment f. 1 compartment g. water station							
Steam Tables							
Dipper Wells							
Condensate/ Drain Lines							
Hose Connection							
Potato Peeler							
Beverage Dispenser w/carbonator							
<sup>1</sup> Floor Drains							

<sup>1</sup>The three compartment, food preparation, and mop sinks as well as floor drains in the kitchen should all drain through a grease interceptor; the size will be determined by the operator of your wastewater treatment facility.

\*Trap: A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

### **Sewage Disposal**

Are floor drains provided and easily cleanable? If so, indicate location: \_\_\_\_\_

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### **Service Sinks**

Is a mop sink present? YES/NO

If no, please describe facility for cleaning of mops and other equipment: \_\_\_\_\_

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### **Dishwashing Facilities and Clean in Place Procedures**

What equipment will be installed for ware washing use?

\_\_\_\_\_ Dishwasher

\_\_\_\_\_ Three compartment sink

Are there drain boards on both ends of the utensil sink? YES/NO

\_\_\_\_\_ CIP

What type of sanitization is used for dishwasher? \_\_\_\_\_ Hot water; \_\_\_\_\_ Chemical

Is ventilation provided for dishwasher? YES/NO

Do all dish machines have templates with operating instructions? YES/NO

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES/NO

Does the largest pot and pan fit into each compartment of the pot sink or dishwasher? YES/NO

### **Clean in Place Procedures (CIP)**

If no, How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? Describe the procedure for manual cleaning and sanitizing equipment that is too large to fit into a utensil sink or automatic dish machine?

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**Sanitizer**

What type of sanitizer is to be used?  Chlorine  Hot Water  
 Iodine  Quaternary ammonium  
 Other

Are the Sanitizers labeled for commercial food use? YES/NO

Are test Kits Provided to Measure Sanitizer Concentration? YES/NO

**Hot Water**

When multiple separate water heaters are provided indicate which water heater serves which fixtures.

Identify and list all equipment that will be supplied with hot water.	Number Provided	Supplied by water heater #
Hand sinks		
Bathroom Sinks		
1 Compartment Sinks		
2 Compartment Sinks		
3 Compartment Sinks		
Vegetable Sink		
Overhead Spray Rinse		
Bar sink <input type="checkbox"/> 3 Compartment <input type="checkbox"/> 4 Compartment		
Cook sink		
Hot/Cold Water Filling Faucet		
Bain-maire		
Steam Table or Self Service Buffet		
Coffee Urn		
Kettle Stand		
Garbage Can Washer		
Clothes Washer		
Employee Shower		
Mop Sink		
Dish machine <input type="checkbox"/> Hot water <input type="checkbox"/> Chemical		
Make and Model		
Other		
Other		

Water Heater Manufacturer \_\_\_\_\_; Model Number \_\_\_\_\_

Proposed size: Electric \_\_\_\_\_ KW  
 Gas \_\_\_\_\_ BTU's Thermal Efficiency \_\_\_\_\_%

Storage Capacity \_\_\_\_\_ gallons

Recovery Rate \_\_\_\_\_ gallons per hour (@100 degree rise)

Is the hot water generator sufficient for the needs of the establishment? YES/NO



Do hot water heaters serve any non-food equipment area? YES/NO

If yes, please describe \_\_\_\_\_

**Insect and Rodent Control**

Will all outside doors be self-closing and rodent proof? YES/NO

Are screen doors provided on all entrances open to the outside? YES/NO

Do all open able windows have a minimum #16 mesh screening? YES/NO

Is the placement of electrocution devices identified on the plan? YES/NO

Will and pipes and electrical conduit chases be sealed; ventiation systems exhaust and intakes protected? YES/NO

Is area around building clear of unnecessary brush and other harborage? YES/NO

Will air curtains be used? YES/NO If yes, where? \_\_\_\_\_

\_\_\_\_\_

List name and phone number of Pest Control Operator \_\_\_\_\_

\_\_\_\_\_

**Garbage and Refuse**

**Inside**

Will refuse be stored inside? YES/NO If so, where? \_\_\_\_\_

\_\_\_\_\_

**Is there an area designated for garbage can or floor mat cleaning? YES/NO**

If YES Describe location \_\_\_\_\_

**Outside Storage for Refuse and Recyclable Materials**

\*Will a dumpster be used? YES/NO

Number \_\_\_\_\_ Size

Frequency \_\_\_\_\_ of \_\_\_\_\_ Pickup

Contractor \_\_\_\_\_

\*Will a compactor be used? YES/NO

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency \_\_\_\_\_ of \_\_\_\_\_ Pickup

Contractor \_\_\_\_\_

\*Will a grease rendering bin or grease container be used? YES/NO

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of Pickup \_\_\_\_\_

Contractor \_\_\_\_\_

### **Outside Storage**

Will garbage cans be stored outside? YES/NO

\*Are outside storage containers kept secured? \_\_\_\_\_

Describe surface and location where dumpster/compactor/garbage cans are to be stored. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe location of grease storage receptacle \_\_\_\_\_

\_\_\_\_\_

Is there an area to store recycled containers? YES/NO Describe \_\_\_\_\_

\_\_\_\_\_

Indicate what materials are to be recycled:

\_\_\_\_\_ Glass

\_\_\_\_\_ Metal

\_\_\_\_\_ Paper

\_\_\_\_\_ Cardboard

\_\_\_\_\_ Plastic

Is there any area to store returnable damaged goods? YES/NO

### **Sewage Disposal**

Is building connected to a municipal sewer? YES/NO

If no, is a private disposal system approved? YES/NO

Please attach a copy of written approval and/or permit.

Are grease traps provided? YES/NO

If yes where are they located? \_\_\_\_\_

Size: \_\_\_\_\_

\_\_\_\_\_

Provide frequency schedule for cleaning and maintenance \_\_\_\_\_

\_\_\_\_\_

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Contractor's Name \_\_\_\_\_

Contractor's Telephone \_\_\_\_\_

**Dressing Rooms**

Are dressing rooms provided? YES/NO

If lockers are provided will they be adequate in number to accommodate the needs of employees working the busiest shift? Yes/No

Describe storage facilities for employees' personal belongings (i.e. purses, coats)

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**Toxic Materials**

Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? YES/NO

Indicate locations \_\_\_\_\_

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Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES/NO

**Laundry and Linens**

Are laundry facilities located on premise? YES/NO

If yes, is a laundry dryer available? YES/NO

If yes, are they approved for commercial use? YES/NO

If yes indicate location \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

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Location of clean linen storage \_\_\_\_\_

Location of soiled linen storage \_\_\_\_\_

**Room Finish Schedule**

Applicant must indicate which materials (quarry tile, stainless steel, 4”plastic coved molding, etc) will be used in the following areas.

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
Kitchen				
Bar				
Food Storage				
Other Storage Dressing Room				
Garbage and Refuse Storage				
Mop Service Basin Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

**Ventilation**

Indicate all areas where exhaust hoods are installed:

<b>Location</b>	<b>Filters/extraction devices</b>	<b>Square Feet</b>	<b>Fire Protection</b>	<b>Air Capacity</b>	<b>Air Make-Up</b>

How often will each listed ventilation hood system to be cleaned? \_\_\_\_\_

Will you have The Fire Marshal Inspect the system after being cleaned? YES/NO

STATEMENT: I certify that the information provide in this plan review application packet is accurate to the best of my knowledge. I fully understand that any deviation from this application without prior notification of the Tippecanoe County Health Department may nullify final approval.

\_\_\_\_\_  
Printed Name of owner or representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or representative

\_\_\_\_\_  
Date

\*\*\*\*Approval of these plans and specifications by the Tippecanoe County Health Department does not indicate compliance with any other code, law, or regulation that may be required (federal, state or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Although there is just one Health Department in Tippecanoe County when it comes to a retail food service establishment this office works closely with fire and building code officials in three distinct jurisdictions located in Tippecanoe County in order to get an establishment open or remodeled in a timely manner. Below is a list of contact telephone numbers for various reasons within each jurisdiction. The first telephone call after contacting the Tippecanoe County Health Department should be to the Building Code Official having jurisdiction where you plan to locate. Our staff can direct you to the correct office should you have any questions.

### Contact Numbers

Information About	Lafayette	West Lafayette	Tippecanoe County	Other
Health Code Regulations	(765)-423-9221	(765)-423-9221	(765)-423-9221	(765)-423-9221
Building Code Regulations	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Back Flow Device Test	(765)-807-1700	800-492-8373	(765)-423-9225	(765)-423-9225
Grease Trap	(765)-807-1800	(765)-775-5145	(765)-423-9221	(765)-423-9221
Fire Inspector	(765)-807-1600	(765)-775-5178	(765)-423-9225	(765)-423-9225
Zoning	(765)-807-1050	(765)-775-5130	(765)-423-9766	(765)-423-9242
Sign Permits	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Electrical Inspector	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Certificate of Occupancy	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Weights and Measures Inspector	(765)-423-9794	(765)-423-9794	(765)-423-9794	(765)-423-9794
State Egg Board	(765)-494-8510	(765)-494-8510	(765)-494-8510	(765)-494-8510
Alcohol Tobacco Commission	(765)-362-8815 279 W 300 N Crawfordsville, IN 47933	(765)-362-8815	765)-362-8815	(765)-362-8815

NOTE: Before a Local Building Code Official can issue you a Building Permit the plans for your project routinely require a Construction Design Release (CDR) from the Plan Review Division of the Indiana Department of Homeland Security. This release does not indicate that the plans have been approved by the Indiana State Department of Health. The Building Code Official having jurisdiction should be consulted and contacted so a determination can be made to see if any renovation or construction will require a CDR. It is recommended that you contact the Plan Review Section of the Indiana Department of Homeland Security at (317)-232-1426 to see if your project requires such a State Review before being released so that a building permit can be issued at the local level.

It is also recommended that you contact the local building code official having jurisdiction about any other local requirements that must be met before they will issue a building permit on your project.