



**STEUBEN COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
PLAN REVIEW APPLICATION**

317 SOUTH WAYNE STREET ◦ SUITE 3A
◦ ANGOLA ◦ INDIANA ◦ 46703 ◦

Retail Food Establishment Application for Plan Review

****NOTE – The fee for a Retail Food Establishment Plan Review is \$30.00. A plan review is considered complete ONLY after all information that has been requested has been submitted, reviewed, and APPROVED. Construction MAY NOT begin until the plan review is completed. A STOP WORK ORDER may be issued under Steuben County Local Ordinance # 743 for starting construction without a plan review first being conducted.**

Complete all information that is applicable to the retail food establishment project.

Date: _____

Owner/Corporation Information

Name: _____

Contact Person: _____

Telephone #: _____

Mailing Address: _____

Engineer/Architect Information

Name: _____

Contact Person: _____

Telephone #: _____

Mailing Address: _____

Establishment Information

Check One: New Construction Existing/Remodel

Establishment Name: _____

Contact Person: _____ Title: _____

Establishment Telephone #: _____ Contact Person Telephone #: _____

Establishment Mailing Address: _____

Establishment Street Address: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Documents Submitted for Plan Review as required in Section 110 of 410 IAC 7-24 and Steuben County Local Ordinance #743

Proposed menu (including seasonal, off-site, banquet and catering menus).

Anticipated volume of food to be stored, prepared, and sold or served. Storage of other items such as chemicals, paper goods, equipment, and single-service articles must also be addressed.

Proposed layout, mechanical schematics (ventilation, electrical, and plumbing), and finish schedules.

Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications. This includes information for hot water heaters.

Standard procedures for operating a retail food establishment that ensure compliance with ISDH Rule 410 IAC 7-24.

Plan review questionnaire completed and submitted to the regulatory authority.

Other information may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification of the retail food establishment.

By signing below...I/We agree to abide by all provisions set forth in the Retail Food Establishment Ordinance # 743 of Steuben County, Indiana, and by the provisions set forth by the State of Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24. I/We attest that all information provided is true and correct.

Signature of Applicant

Relationship to Project

Date Signed

HEALTH DEPARTMENT USE ONLY

Date Received _____

\$30.00 Plan Review Fee Cash _____ Check/Money Order # _____ Receipt # _____ ISSUED BY _____