



# Northeast Tri County Health District Environmental Health Division

<b>Food Establishment Plan Review Application</b>					
<b>Name of Food Establishment:</b>				<b>Phone #:</b>	
<b>Site Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Owner Information</b>					
<b>Name of Owner:</b>				<b>Phone #:</b>	
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>					
<b>Contact Information</b>					
<b>Contact Person:</b>				<b>Phone #:</b>	
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>					
<b>Establishment Information</b>					
<b>Plan Review Information Should Be Sent To:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contact Person:					
<b>Type of Application:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel					
<b>Type of Food Establishment:</b> <input type="checkbox"/> Permanent/Stationary <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____					
<b>Days of Operation:</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday					
<b>Hours of Operation:</b>					
<b>If Seasonal, List Months of Operation:</b>					
<b>Maximum Meals to be Served Per Day(Approx.):</b> Breakfast: _____    Lunch: _____    Dinner: _____					
<b>Will seating be provided:</b> Inside: _____    Outside: _____			<b>Number of Employees Per Shift:</b>		
<b>Water System Name/Provider:</b>				<b>ID#:</b>	
<b>Sewage Disposal:</b> <input type="checkbox"/> Community/City <input type="checkbox"/> Private Septic					
<b>Name of Garbage Removal Company:</b>					
<b>Projected Start Date:</b>			<b>Projected Opening Date:</b>		

<b>For Office Use Only</b>					
Date Received	Receipt #	Fee Received	Classification	Reviewed By	Approval Date

## SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION

- Complete set of plans, meeting containing all applicable information outlined in Northeast Tri County Health District’s “Food Establishment Plan Review Submittal Requirements”. Ensure that plans are complete to avoid delays.
- The food establishment plan review fee.

## PLEASE NOTE THE FOLLOWING

- Chapter 246-215 of the Washington Administrative Code requires that properly prepared plans be submitted for review and approval **before** construction begins on a food establishment.
- NETCHD Staff will review the submitted information. The applicant will be notified of any outstanding issues needed for plan approval. Written notification will be provided to the applicant when plans are approved.
- **Construction** or remodeling **can not** begin until **approval** of the plans and specifications has been obtained. Any changes to the plans must be reviewed. As required by Chapter 246-215 of the Washington Administrative Code.
- When construction is complete, the Health District must be notified of a request for pre-operational inspection before the anticipated opening of the establishment. For new establishment, an “**Application for Food Service Operating Permit**” must be submitted and the permit fee paid according to the fee schedule.
- Separate approvals may be necessary. Contact local building, fire, plumbing, and electrical departments for their requirements. If alcoholic beverages are to be sold, contact the Washington State Liquor Control Board.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, applicant certifies that the information submitted in the application is accurate and complete to the best of their knowledge and that it is understood that the establishment will be built in accordance with the approved plans.

### SUBMIT OR MAIL COMPLETED APPLICATIONS AND REQUIRED INFORMATION TO:

Stevens County & Ferry County	Pend Oreille County
240 E. Dominion Colville, WA 99114 Phone: (509)684-2262 Option 2 Fax: (509)684-8506	605 Highway 20 Newport, WA 99156 Phone: (509)447-3131 Fax: (509)447-5644
Website: <a href="http://www.netchd.org">www.netchd.org</a>	
Email : <a href="mailto:EHMAIL@NETCHD.ORG">EHMAIL@NETCHD.ORG</a>	

**If there are questions about the plan review procedure or requirements for food establishments, please contact your counties Health District.**



# Northeast Tri County Health District Plan Review Checklist

## Floor Plan

- All equipment is located on the floor plan and labeled (sinks, refrigeration, blenders, etc.)
- Remodel shows existing conditions and proposed plans
- Floor plan shows entire facility including restrooms and storage areas

## Menu

- Proposed menu provided
- All food items and drinks are listed

## Equipment Schedule

- Equipment list provides brand and model # of each piece of equipment
- Only NSF or equivalent equipment
- Hot water heater recovery rate provided

## Finish and Plumbing Schedule

- Material type is clearly provided for ceiling, walls, flooring, coving for all areas
- Plumbing schedule correctly demonstrates which fixture is directly or indirectly drained

## Miscellaneous

- Plan review application submitted
- Food establishment permit application submitted
- Plan review fee submitted
- Other applicable agencies contacted (building, planning, zoning)
- Business license obtained

## Pre-Opening Inspection Preparation

- Thermometers are located inside each refrigerator
- Cold holding equipment is turned on at least 24 hours in advance
- All equipment installed and operating, cleaned and sanitized
- Hand wash sink stocked with soap and paper towels
- Doors have self-closing mechanisms installed
- Dishwasher fully operational
- All construction debris and tools removed

Stevens County	Pend Oreille County	Ferry County
240 E. Dominion Colville, WA 99114 Phone: (509)684-2262 Option 2 Fax: (509)684-8506	605 Highway 20 Newport, WA 99156 Phone: (509)447-3131 Fax: (509)447-5644	PO Box 584/ 147 N. Clark, Ste 1 Republic, WA 99166 Phone: (509)775-3111 Fax: (509)775-2858
Website: <a href="http://www.netchd.org">www.netchd.org</a>		Email : <a href="mailto:EHMAIL@NETCHD.ORG">EHMAIL@NETCHD.ORG</a>

# Finish/ Plumbing Schedule

Write "n/a" if not applicable.

Check where appropriate	Indirect Drain	Direct Drain
Hand Wash Sink	<input type="checkbox"/>	<input type="checkbox"/>
3-Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>
Condensation Line(s)	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well(s)	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Station(s)	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal(s)	<input type="checkbox"/>	<input type="checkbox"/>

Indicate type of finish (e.g tile, drywall etc...)	Floors	Walls	Ceiling	Cove Base
Kitchen/Bar/Food Storage				
Restrooms				
Mop Sink/Can Wash Area				
Walk-in Freezer/ Refrigerator				
Area Under Vent Hood(s)				
Outdoor Dumpster/ Grease				
Ware Washing				
Other:				

Examples

SS: Stainless Steel

SC: Sealed Concrete

QT: Quarry Tile

PL: Plastic Laminate

FRP: Fiber Reinforced Plastic

CT: Ceramic Tile