

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov/health

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

BOONE COUNTY
HEALTH DEPARTMENT

Application for Plan Review

Please **complete** the following as is applicable to the retail food establishment.

Plan Review Fee \$150.00 _____

Owner/Corporation Information

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Engineer/Architect Information

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Establishment Information:

(Check one) New Construction Existing/ Remodel Project # _____
Establishment Name: _____
Contact Person: _____ Title: _____
Establishment Telephone #: _____ Contact Person Telephone #: _____
Establishment Mailing Address: _____
Establishment Street Address: _____
Projected Date for Start of Project: _____

Contents and Specifications for Facility and Operating Plan as required in Section 110 of 410 IAC 7-24

(Please check items submitted for review)

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

Anticipated volume of food to be stored, prepared, sold and/or served.

Proposed layout, mechanical schematics, construction materials and finish schedules.

Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.

Plan review questionnaire completed and submitted to the regulatory authority

Note other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion, modification and/or procedures for operating a retail food establishment.

Signature of Applicant

Relationship to Project

Date Signed

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.