Child Care Facilities Regulations

Appendix G:

Online Application Forms
Includes: Family and Group Care Homes Application Plan Review Application and Instructions Food Establishment Plan Review Forms, if required

Serving Boulder City, Clark County, Henderson, Las Vegas, Mesquite and North Las Vegas
FAMILY AND GROUP CARE HOMES APPLICATION

Permit Fee: $118.00 for Family Care Home (1-6 children)
Permit Fee: $239.00 for Group Care Home (7-12 children)

BUSINESS CHECKS ACCEPTED Make payable to “SNHD” or “Southern Nevada Health District”
PERSONAL CHECKS ARE NOT ACCEPTED • VISA/MASTERCARD ACCEPTED if name on card MATCHES EXACTLY to I.D. CARD

The following information is REQUIRED to process the application. Incomplete applications NOT ACCEPTED

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
</tr>
<tr>
<td>Days and Hours of Operation:</td>
</tr>
<tr>
<td>Responsible Person (if other than Operator):</td>
</tr>
<tr>
<td># of Employees:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY LOCATION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Location Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>2nd Phone #:</td>
</tr>
<tr>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPERATOR INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator Name:</td>
</tr>
<tr>
<td>Is Operator Contact Address different from Facility Location Address?</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>E-mail:</td>
</tr>
<tr>
<td>Bill to Address:</td>
</tr>
<tr>
<td>Facility Location ☐</td>
</tr>
<tr>
<td>Operator Contact ☐</td>
</tr>
</tbody>
</table>

Operator Type: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Approval thru Child Care Licensing? Yes ☐ No ☐

Complete the Following if Owner Type is a Partnership, Corporation, or LLC

1. Name & Title of Partner or Corp. Officer:
   Address:
   City, State, Zip Code:

2. Name & Title of Partner or Corp. Officer:
   Address:
   City, State, Zip Code:

3. Name & Title of Partner or Corp. Officer:
   Address:
   City, State, Zip Code:

☐ Applicant acknowledges receipt of a copy of the applicable regulations
☐ Applicant declined copy of applicable regulations in lieu of electronic copy at: http://www.southernnevadahealthdistrict.org

INITIALS:

<table>
<thead>
<tr>
<th>NAME OF PERSON COMPLETING THIS APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Print):</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>DATE:</td>
</tr>
</tbody>
</table>
PLAN REVIEW APPLICATION
(PLEASE PRINT LEGIBLY)

PROJECTED DATE OF OPENING: ________  PLEASE CHECK ONE: ☐ NEW ☐ REMODEL

SEPTIC TANK: ☐ YES ☐ NO  WATER SUPPLY: ☐ WELL ☐ MUNI SYSTEM

HOURS OF OPERATION: OPEN: ________ CLOSE: ________

APPROXIMATE NUMBER OF TOTAL EMPLOYEES: ________  DRIVE-THRU: ☐ YES ☐ NO

PLEASE CHECK THE APPROPRIATE BOX:

☐ BAR: # OF SEATING ________  ☐ SNACK BAR: # OF SEATING ________
  LICENSE:
    ☐ RESTRICTED  ☐ UNRESTRICTED

☐ RESTAURANT: # OF SEATING ________  ☐ SERVICE BAR

☐ KITCHEN: SQ. FOOTAGE ________  ☐ MARKET: SQ. FOOTAGE ________

☐ FOOD PROCESSOR: SQ. FOOTAGE ________  ☐ BAKERY: SQ. FOOTAGE ________

☐ WAREHOUSE: SQ. FOOTAGE ________  ☐ OTHER: SQ. FOOTAGE ________

☐ CHILD CARE: SQ. FOOTAGE ________  ☐ TYPE OF SCHOOL (ELEM/MS/HS) ________
  CAPACITY ________

FACILITY NAME: ____________________________________________

FACILITY ADDRESS: _________________________________________

(Need actual address – if not available, please use major cross streets with corners).  AS SOON AS ACTUAL ADDRESS IS AVAILABLE, IT MUST BE CALLED IN TO SNHD, PLAN REVIEW.

PLEASE CONTINUE ON REVERSE

OFFICE USE ONLY
AFTER THE FACT FEES ________  REVISED PLANS ________
PRELIMINARY PLANS ________  BUILDING MEMO ________
NOTES: ____________________________________________________
OWNER OF BUSINESS: ____________________________

____________________________________________

Corporation, partnership, LLC, or sole proprietor. (If Corporation, please list 3 officers. If LLC, please list 3 members. If partnership, please list 3 partners names.)

OWNER’S ADDRESS: ____________________________

____________________________________________

(Corporation address and phone number).

COMMENT LETTER SHOULD BE Addressed TO: ______________

____________________________________________

____________________________________________

OWNER’S SIGNATURE: __________________________ DATE: ______________

PLEASE PRINT OWNER’S NAME: __________________________

YOU MUST CALL TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW. (702) 759-1258.

ALL FEES (PLAN REVIEW AND ANNUAL HEALTH PERMIT) MUST BE PAID AT THE TIME OF APPOINTMENT.

FORMS OF PAYMENT: CASH, VISA/MASTERCARD (CREDIT CARD AND VALID ID MUST MATCH EXACTLY), BUSINESS CHECK MADE OUT TO S.N.H.D. (PRE-PRINTED ADDRESS, NO STARTER CHECKS, NO ALTERATIONS).
INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW

Nevada State Law, NRS 446-930, requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work.

1. Appointments:

An appointment must be made prior to plan submission. Persons making appointments with a Plan Reviewer must come prepared to discuss all aspects of the design, including food flow, and must be empowered to make additions, deletions, or corrections to the design. All appointments are held at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, NV 89107.

2. A fee for missed plan review appointment will be charged before another appointment will be scheduled.

A plan review application must be made and all applicable fees paid at the time of appointment and plan submission. An estimate of fees will be provided if requested, but the determination of final fees due cannot be made until the plans are reviewed, and the type and number of permits is determined by the assigned Plan Reviewer. ALL necessary paperwork must be presented for review at the time of appointment.

Appointments cannot be honored unless the minimum required paperwork is submitted. Failure to provide the minimum documentation upon arrival for an appointment constitutes a “missed appointment”, and a fee will be charged. As an option, an applicant may pay for a “preliminary (office) plan review” and meet with staff, but this does not constitute a formal Plan Submission.

The minimum requirements for an appointment:

a) A representative qualified to answer staff questions and empowered to make corrections, additions, or deletions at the meeting.

b) A signed copy of this Instruction Sheet.

c) A Plan Review Application signed by the legal owner of the establishment.

d) A signed copy for our files of proof of ownership in the form of a lease agreement, Bill-of-Sale, or other legal document.

e) A copy of the plans (see below for detailed description).

f) Ability to pay all applicable fees [Cash, Visa/MasterCard [credit card and valid I.D. must match exactly] or Business Check [pre-printed address, no starter checks, no alterations]].

3. Plans & Specifications:

Submit one set of complete plans (8.5”x11” or larger) which will include (but is not limited to):

a) A proposed menu, projected number of meals per day, seating capacity and/or square footage of food prep areas. It is highly recommended that a compact disk be provided with plans saved in “PDF” format.

b) A floor plan layout showing layout of areas, and location, size and type of equipment, employee restrooms, customer restrooms, etc. Each piece of equipment is to be clearly labeled on the plan with its common name.

c) A plumbing layout showing floor sinks and type and location of food prep/utility sinks, lavatories, scullery sinks, ice machines, walk-in boxes, drink dispensers, woks, and similar equipment with drains. Hot-water generating capacity must be provided. Plans must show all waste and drain piping, including sewage and roof drain lines over all permitted areas.
d) A schedule of interior finishes or interior drawings showing floor, wall, and ceiling finishes. Samples are recommended.
e) A schedule for lighting, or reflected ceiling plans showing locations and types of lighting fixtures.
f) An equipment list showing type, manufacturer, and model numbers.
g) Shop drawings of all custom-built equipment.
h) A completed copy of the Plan Review Questionnaire, if applicable.

4. Payment of fees does not constitute approval of plans. A signed voucher will be provided following your meeting to inform you of the approval status of your plans, to provide specific corrections and/or stipulations, to list any permit conditions or limitations, and to request any additional information needed to complete your application. Applicants may be required to submit corrected plans. Failure to comply with required corrections may result in a failed inspection of the construction project, resulting in additional fees and delayed approval to open.

5. After your plans have been reviewed and approved, if you wish to submit revised plans contact your assigned Plan Reviewer. Each submittal of revised plans will be charged an additional fee.

6. At a minimum, status checks, a “rough plumbing” inspection, and a “pre-final” walkthrough will be conducted prior to the final inspection.

7. Arrangements for final inspection must be made at least 72 hours (three working days) in advance of the final inspection. Applications being submitted for establishments after construction on the food facilities has begun will be charged “after-the-fact” fees regardless of the time left before requesting a final inspection.

8. Appointments will be scheduled as soon as possible given the assigned staff workload, and will on a “first-come, first served basis”. After hours inspections may be offered, at the discretion and availability of the assigned staff member and a fee will be charged.

9. Plan review fees are only valid for one year from the date of the original submission. Plan Review applications will be deleted from the system one year and one day from the date of application, unless the responsible party requests in writing, prior to the application anniversary date, that the application be extended for one year, and provides reasonable justification in writing for granting the extension. New applications must be made, and additional fees paid, if the project has been deleted following either the original or extended one year periods. No extensions will be granted beyond two years without approval of management.

10. Assure all contractors, sub-contractors, etc., are made aware of the corrections and/or stipulations from the Health District.

11. Mistakes or omissions on the plans do not constitute approval of the mistakes or omissions. Proper development of this project is your responsibility and the various parties concerned.

12. There will be a re-inspection fee per permit if the establishment is not ready for a final inspection after you have requested one. Cancellations must be made prior to staff arrival at the facility. The re-inspection fee must be paid prior to scheduling another final inspection.

13. Establishments may not stock food products or open for business until after the inspections have been completed and passed and a health permit to operate has been issued.

14. You or your representatives must contact all programs relevant to your project within this agency separately, e.g., Individual Sewage Disposal System, Public Water, Underground Storage Tank, Childcare, Schools.

I have been provided copies of the regulations and construction requirements and I understand that proper development and construction of this project is my responsibility: _______ (int.)

Signed: ___________________________________________ (Print name: ________________________________)

Date: ______________ Name of Facility: ____________________________________________________________

(02/23/09 Rev.7)
FOOD ESTABLISHMENT PLAN REVIEW QUESTIONNAIRE WORKSHEET:
(For use by ALL FOOD categories except warehouse, dry grocery/market, vitamin/health food store, mobile vendor, bars/liquor, ice house, bottling plants, carts)

TO BE COMPLETED BY THE OWNER/APPLICANT AND SUBMITTED TO THE SNHD ENVIRONMENTAL HEALTH DIVISION FOOD PLAN REVIEW DESK UPON APPLICATION and APPOINTMENT

Date: ____________________ NEW: ☐ REMODEL: ☐ COO: ☐

Name of Establishment: ________________________________________

Address of Establishment: ________________________________________

Category (Type of establishment): ________________________________

Name of Owner: ________________________________________________

Authorized Applicant's
Name: _________________________________________________________

Title of Authorized Applicant: (owner, manager, architect, etc.): ________________________________________________________________

Hours of Operation: ________ Number of Seats: _______

Number of Staff: ________

(Max. per shift: 5 with 1 restroom) Total Square Feet of Facility: ________

Number of Floors on which
Operations are conducted ________

Projected Date for Completion of Project (PDO): ________

MATERIALS CHECKLIST:

Please enclose the following documents (checklist):

_____ Proposed Menu (including seasonal, off-site catering, and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan (NOTE: 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 such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified)

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

Equipment Schedule (w/ NSF/ANSI)  Finish Schedule
Reflected Ceiling Plan  Plumbing Schedules

DRY STORAGE:

1. (a) Provide information on the amount of space (in square feet) allocated for Dry storage: 

(SEE: DRY STORAGE SPACE CALCULATOR)

(c) Will service-ware be: Disposable ☐ Reusable ☐ BOTH ☐

2. Is there a separate area to store returnable damaged goods? YES ☐ NO ☐ NA ☐

State location

COLD STORAGE:

1. Provide information on the amount of space (in square feet) allocated for Refrigerated storage: 

(SEE: REFRIGERATED SPACE CALCULATOR)

2. Provide information on the amount of space (in square feet) allocated for Frozen storage: 

(SEE: REFRIGERATED SPACE CALCULATOR)

3. Number of refrigeration units: _______ Number of freezer units: _______

4. Will raw meats, 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?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

1. Please indicate how frozen potentially hazardous foods (PHFs) will be thawed. More than one method may apply.

(a) Refrigeration ☐ (b) Running Water ☐ (c) Microwave (as part of cooking process) ☐

(d) Other (describe)
COOKING / REHEATING:

1. List types of cooking equipment planned (indicate equipment schedule if on the plans):
   (a) 
   (b) 
   (c) 
   (d) 
   (e) 

2. Type of ventilation hoods for the devices noted above:
   (a) 
   (b) 
   (c) 

Drainage methods employed for above-noted equipment:

Floor sink: ☐  Floor drain with funnel: ☐  Other: ☐

Describe: 

HOT/COLD HOLDING:

1. How will hot PHF’s be maintained at 140°F or above during holding for service? Indicate type and number of hot holding units (indicate equipment schedule in on the plans):
   (a) 
   (b) 
   (c) 

2. How will cold PHF’s be maintained at 40°F or below during holding for service? Indicate type and number of cold holding units (indicate equipment schedule if on the plans):
   (a) 
   (b) 
   (c) 
   (d)
3. Condensate drainage methods employed:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor drain with funnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaporation Pan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe: ____________________________________________

COOLING:

1. Please indicate by how hot PHF's will be cooled to 40°F within 6 hours (140°F to 70°F in 2 hours and 70°F to 40°F in 4 hours). Also, indicate where the cooling will take place.

   (a) Shallow Pans [ ]
   (b) Ice Baths (sink) [ ]
   (c) Rapid Chill (special equip.) [ ]
   (d) Reduced Volume [ ]

PREPARATION:

1. Will all produce be washed on-site prior to use?  YES [ ]  NO [ ]

   If NO, will pre-washed and packaged produce be used?  YES [ ]  NO [ ]

2. If the menu dictates, will a food preparation sink(s) be present?  YES [ ]  NO [ ]

3. Indicate locations for the preparation of raw meats, poultry, and fish:

   (a) ______________________________________________________
   (b) ______________________________________________________
   (c) ______________________________________________________

4. Indicate locations for the preparation of cooked/ready-to-eat foods:

   (a) ______________________________________________________
   (b) ______________________________________________________
   (c) ______________________________________________________

5. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority (NOTE: VARIANCE MAY BE REQUIRED)

6. Will the facility be serving food to a highly susceptible population?  YES [ ]  NO [ ]
## SINKS: *(Complete ONLY if not otherwise provided in plans)*

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>3-COMP. SINKS</th>
<th>SINGLE PREP. SINKS</th>
<th>DOUBLE PREP. SINKS</th>
<th>WALL-HUNG HAND SINKS</th>
<th>BUILT-IN HAND SINKS</th>
<th>MOP-SINKS</th>
<th>DUMP-SINKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD PREPARATION AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAREWASHING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOP ROOM / GARBAGE AREA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAIT-STATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRAINAGE METHOD (FS, FD, DIRECT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for ware-washing *(NOTE: 3-COMP. SINK with DUAL DRAINBOARDS IS REQUIRED)*?

   - **Equipment:**
     - Two compartment POT-WASH sink  
     - Three compartment sink  
     - Dishwasher  
   - **Drainage method:**
     - Floor sink:  
     - Floor drain:  

2. Type of sanitization used: Hot-water *(VENTHOOD REQUIRED)*: Chemical:
WATER SUPPLY / PLUMBING CONNECTIONS:
1. Is water supply public [ ] or private [ ]?
2. If private, has source been approved by SNHD? YES [ ] NO [ ] PENDING [ ]
3. Please attach copy of written approval and/or permit.
4. Will ice be made on premises [ ] or purchased commercially [ ]?
5. If made on premise, note make and model for the ice machine(s):

6. What is the planned RECOVERY CAPACITY for the hot water system: _________KW/BTU?
   SPECIAL NOTE: Assistance is available from your reviewer or our website on recommended sizing of hot-water SYSTEM SIZING.
7. ALL threaded connections have AVB? YES [ ] NO [ ]
8. ALL carbonator connections protected with RPZ? YES [ ] NO [ ]

FINISH SCHEDULE (Complete ONLY if not otherwise provided in plans)
Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, FRP, stainless steel, etc.) will be used in the following areas.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FLOOR</th>
<th>WALL</th>
<th>CEILING</th>
<th>BASE COVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD PREPARATION AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STORAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAND / DUMP SINKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAREWASHING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOP ROOM / GARBAGE AREA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALK-IN REFRIGERATORS / FREEZERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### LIGHTING SCHEDULE: *(Complete ONLY if not otherwise provided in plans)*

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FIXTURE TYPE</th>
<th>METHOD OF SHIELDING</th>
<th>WATTAGE TOTAL</th>
<th>FOOT/CANDLES @ 30 INCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD PREPARATION AREAS</td>
<td></td>
<td></td>
<td></td>
<td>50 F/C</td>
</tr>
<tr>
<td>STORAGE</td>
<td></td>
<td></td>
<td></td>
<td>20 F/C</td>
</tr>
<tr>
<td>WAREWASHING</td>
<td></td>
<td></td>
<td></td>
<td>50 F/C</td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
<td></td>
<td>20 F/C</td>
</tr>
<tr>
<td>MOP ROOM / GARBAGE AREA</td>
<td></td>
<td></td>
<td></td>
<td>20 F/C</td>
</tr>
<tr>
<td>WALK-IN REFRIGERATORS / FREEZERS</td>
<td></td>
<td></td>
<td></td>
<td>20 F/C</td>
</tr>
<tr>
<td>BARS (BEHIND DIE)</td>
<td></td>
<td></td>
<td></td>
<td>50 F/C</td>
</tr>
</tbody>
</table>

### INSECT AND RODENT CONTROL *(Complete ONLY if not otherwise provided in plans)*

<table>
<thead>
<tr>
<th>AREA</th>
<th>AIR CURTAIN</th>
<th>SCREENING / WEATHER-STRIPPING</th>
<th>SELF-CLOSURE</th>
<th>DOCK BOOTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSTOMER ENTRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE ENTRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECEIVING DOORS / DOCK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE WINDOWS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GARBAGE, REFUSE, GREASE COLLECTION: *(Complete ONLY if not otherwise provided in plans)*

1. Designated, curbed and plumbed area for garbage can and/or floor mat cleaning YES □ NO □
2. Describe can washing area and design:

3. Dumpster area provided or on lease? YES □ NO □
4. GREASE COLLECTION METHOD:
   - Disposed Of As Solid Waste: YES □ NO □
   - Grease Interceptor / Trap: YES □ NO □
     - If yes, describe location on the plans:
       __________________________________________
       Grease Machine: YES □ NO □
     - If yes, describe location on the plans:
       __________________________________________
       Grease Recovery System: YES □ NO □
     - If yes, describe location on the plans:
       __________________________________________

SEWAGE DISPOSAL: *(Complete ONLY if not otherwise provided in plans)*

1. Will the building be connected to a municipal sewer? YES □ NO □
2. If NO, is private disposal system approved? YES □ NO □ PENDING □ (Please attach copy of written approval and/or permit.)
3. LIFT STATIONS: Is waste effluent, including condensate, delivered to sewer other than by gravity? YES □ NO □
   - Evaporation pans for refrigeration? YES □ NO □
   - If YES, describe lift station:________________________________________________________
4. Approvals: Building Department YES □ NO □ Water Reclamation YES □ NO □ PENDING □

Intentionally left Blank
***************

STATEMENT:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s):

______________________________

Owner [ ] or responsible representative(s) [ ]

Date: ______________________

***************

Approval of these plans and specifications by this Health Authority 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 in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

******************************************************************************

******************************************************************************

FOR OFFICE USE ONLY

Reviewed with Operator on (date): ___________________________ Accepted: [ ] Not Accepted: [ ]

Reason for not accepting: ____________________________________________

Reviewer: San# ___

APPROVAL / DISAPPROVAL (circle): Date: ____________________________

[ ] Conditional on corrections / stipulations noted on Voucher / Letter.
[ ] NOT conditional
[ ] NOT approved – additional information / drawings required
[ ] NOT approved – incomplete plans / requires revision