Jackson County Health Department

P O Box 307, Murphysboro, IL 62966 (618) 684-3143, ext. 128

Date: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment:		
Type of facility: food service – hospital – day care – tave	rn –mobile fs– deli – retail – B & B	
Address:	Phone:	
Owner:		
Address:	Phone:	
Applicant's Name:	Title:	
Address:	Phone:	
Name of building owner:		
Address:	Phone:	
Code Enforcement	Plumbing	
Fire Department		
Provide a brief narrative of intended operation:		

(PLAN REVIEW APPLICATION MUST BE RETURNED TO JCHD PRIOR TO CONSTRUCTION)

JCHD 04/15 – EH clerical/food/apps/pln review

tion:	Sun:	Mon:	
	Tue:	Wed:	
	Thu:	Fri:	Sat:
y:			
f: (maximum per shift)	Int	tended number of food se	rvice managers:
anager certificatio	on:		
	Name	Cert. No	Exp. Date or date enrolled
	Name	Cert. No	Exp. Date or date enrolled
et of facility:			
rs on which opera	ations are conduct	ed:	
ls to be served:	Breakfast	Lunch	Dinner
for start of constr	ruction:	Projected comp	letion date:
food service plan proposed menu manufacturer sp site plan showin location of any o plan drawn to so electrical service equipment scheo	n review fee of (including seasona ecification sheets g location of busin putside equipment cale of establishme s, and mechanical dule	II, off-site, and banquet m for each piece of equipme ess in building; location of (dumpsters, well, storage ent showing location of equiventilation	enus) ent shown on plans building on site, and bldg., or septic system)
	y: f: (maximum per shift) anager certification et of facility: rs on which opera ls to be served: If for start of constr the following doc food service plan proposed menu manufacturer sp site plan showing location of any of plan drawn to so electrical service equipment scheo	Tue: Thu: y: f: Int (maximum per shift) anager certification: Name et of facility: rs on which operations are conduct ls to be served: Breakfast for start of construction: for start of construction: the following documents: food service plan review fee of proposed menu (including seasona manufacturer specification sheets site plan showing location of busin location of any outside equipment plan drawn to scale of establishme electrical services, and mechanical equipment schedule	Tue: Wed: Thu: Fri: f: Intended number of food set (maximum per shift) Intended number of food set anager certification: Name Name Cert. No et of facility: Cert. No rs on which operations are conducted: Cert. No for start of construction: Projected comp the following documents: Projected comp food service plan review fee of (paid to Jackson Count proposed menu (including seasonal, off-site, and banquet m manufacturer specification sheets for each piece of equipme site plan showing location of business in building; location of location of any outside equipment (dumpsters, well, storage plan drawn to scale of establishment showing location of equipment electrical services, and mechanical ventilation

(PLAN REVIEW APPLICATION MUST BE RETURNED TO JCHD PRIOR TO CONSTRUCTION)