



City of New Philadelphia, Ohio
New Philadelphia Health District

150 East High Ave. Suite 011, New Philadelphia, OH 44663 ~ 330-364-4491 X 1208

Plan Review Application – Food Service Operation (FSO) / Retail Food Establishment (RFE)

Facility Information

Name of FSO/RFE Facility : _____

Location of FSO/RFE Facility: _____

Mailing Address (if different): _____

Facility Telephone #: _____ Fax #: _____ Email: _____
--- Required --- --- Required ---

Owner Information

Name of FSO/RFE Owner: _____

Mailing Address: _____

Owner Telephone #: _____ Fax #: _____ Email: _____
--- Required --- --- Required ---

Corporate Information (if different)

Name of FSO/RFE Operator: _____

Mailing Address: _____

Corporate Telephone #: _____ Fax #: _____ Email: _____

Signature

I, _____, do hereby affirm that I am the *Owner / Operator / Agent* for the
--- Please Print Name --- --- Please Circle one ---
following facility: _____, and that I am requesting a review
of the plans for *the construction of a new facility / substantial alteration of an existing facility* and that I have
--- Please Circle One ---
have submitted the required information to the New Philadelphia City Health Dept, including the plan review
checklist, a complete set of plans, a complete equipment list, a menu for the facility and plan review fee.

Signed: _____ Date: _____

FSO/RFE Plan Review Checklist – New Philadelphia City Health Dept

Facility Information

Name of FSO/RFE Facility : _____

Location of FSO/RFE Facility: _____

Facility Telephone #: _____ Fax #: _____ Email: _____
--- Required --- --- Required ---

New Construction Substantial Alteration Date of Construction: _____
 Proposed Opening: _____

Type of Facility (check all that apply):

Restaurant/Diner Convenience Store Coffee Shop Sandwich Shop
 Grocery Store Bakery Pizza Shop Bar/Saloon
 School/Institution Church/Religious Org Caterer Micromarket
 Child Care/Day Care Long-term Care Facility Other: _____

Plan Submittal Checklist

Yes	No	N/A	Site plan w streets	Yes	No	N/A	Floor Plan
Yes	No	N/A	Square Footage	Yes	No	N/A	Menu
Yes	No	N/A	Entrances/Exits	Yes	No	N/A	Food Prep area location
Yes	No	N/A	location of all equip	Yes	No	N/A	complete equip list
Yes	No	N/A	location of hand sinks	Yes	No	N/A	location of food prep sink
Yes	No	N/A	location of 3-comp sink	Yes	No	N/A	location of dishwashing equip
Yes	No	N/A	location of mop sink	Yes	No	N/A	washer/dryer location
Yes	No	N/A	dry goods storage location	Yes	No	N/A	chemical storage location
Yes	No	N/A	floors/walls/ceiling finishes	Yes	No	N/A	restroom location(s)
Yes	No	N/A	lighting plan	Yes	No	N/A	plumbing plan
Yes	No	N/A	proof of required certification(s)	(Include cert names/numbers on next page)			

Additional Comments: _____

 More on next page: Yes No

