

CLARK COUNTY HEALTH DEPARTMENT

997 N. York St., P.O. Box 266, Martinsville, IL 62442

Phone: 217-382-4207 Fax: 217-382-4226

RETAIL/FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

New Facility Major Renovations Minor Changes No Changes

Establishment Information:

Name _____ Phone _____

Address: _____

City _____ State _____ Zip Code _____

Applicant Information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

In case of emergency (recall, fire, etc.) after hours call:

Business Mailing Address (if different from above):

(Street) (City) (Zip Code)

The Clark County Health Department requires plans and specifications for all new construction or renovation of existing food establishments submitted before construction under Section E of the Clark County Food Sanitation Code and required regulations in the Illinois Food Service Sanitation Code (77 Ill. Adm. Code 750). Early submittal allows time for review and changes if needed. These basic requirements will help ensure that your food establishment will have equipment that will meet the needs of your establishment and meet current public health requirements. The plan review fee is \$50 and due at the time of plan submittal. Do not send any other fees at this time (i.e. food permit fee).

Signature of

Applicant _____ Date _____

The plan review process cannot be completed until the Environmental Health Division of Clark County Health Department has received all of the following items (see enclosed requirement sheet). The establishment may need to be visited before plan approval. Upon approval you will receive a letter stating the establishment may make the changes as outlined in the submitted plan.

<i>For Office Use Only</i>	<u>Date Submitted</u>	<u>Date Approved</u>
Plan Review Application	_____	_____
Plan Review Fee	_____	_____
Architectural Plans	_____	_____
Equipment Brochures	_____	_____
Menu	_____	_____