



ENVIRONMENTAL HEALTH DIVISION
475 Western Ave., Suite 3A
Chillicothe, Ohio 45601

Food Service Operation/ Retail Food Establishment Plan Review Application

Date: _____

Proposed Business Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

Name of Operator (Owner): _____ Phone: _____

Name of Contact for Plan Review: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ zip: _____

- New Food Establishment Remodel of Existing Establishment
 New Equipment Review for Existing Facility

Date construction will begin: _____ Estimated Opening Date: _____

Total Square Feet of Food Service Operation: _____

Risk Classification (Refer to Risk Classification Handout): _____

Type of Food Service Operation: _____

Water Supply: City/County Water Other:

Sewage Disposal: Sanitary Sewer Semi Public (Ohio EPA approval yes or no)

Office Use Only

Plan Review Fee: _____ Date Plans Received _____

Amount Paid: _____