



MCHENRY COUNTY DEPARTMENT OF HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 2200 NORTH SEMINARY AVENUE  
 WOODSTOCK, ILLINOIS 60098  
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 WEBSITE: [www.mcdh.info](http://www.mcdh.info)

## FOOD ESTABLISHMENT CONSTRUCTION PLAN REVIEW APPLICATION

<b>OFFICE USE ONLY</b>	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	
PERMIT NUMBER:	

Your plan review must receive approval from this Department before you begin construction, enlarging, altering or converting the building for the use of a restaurant, tavern, or a food service facility.

**Include in your plans:**

1. Plan review form thoroughly filled out and submitted with the appropriate plan review fee.
2. Food service equipment specifications with manufactures' name and model numbers. Include equipment specification sheets.
3. Floor plan drawn to scale showing equipment, plumbing, and ventilation (we do not require a schematic drawing of the ventilation system).
4. Copy of your proposed menu.

**Inspections:**

- Pre-opening Inspection – Once your plan review is approved and construction is completed, you can contact the Department for a pre-opening inspection. This is an optional inspection. At that time, we will inspect your facility before stocking and training.
- Opening inspection – A final inspection will be done when all construction is complete and the facility is in a ready to open. All fees including the health license fee is due at this time.

Plan Review Fees per square feet	RISK CATEGORY ONE	RISK CATEGORY TWO	RISK CATEGORY THREE
Up to 250	\$100.00	\$100.00	\$100.00
251 to 1500	\$260.00	\$190.00	\$135.00
1501 to 3000	\$315.00	\$260.00	\$190.00
Greater than 3000	\$415.00	\$345.00	\$295.00
2 <sup>nd</sup> and Subsequent Plan Review Resubmittals	25% Review Fee Per Applicable Submittal		
Food Establishment Variance Review	\$100.00		

**Category One Facility** is a food establishment that presents a high relative risk of causing food borne illness based on the large number of food handling operations typically implicated in food borne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify facilities as Category I facilities:

1. Whenever cooling of potentially hazardous foods occurs as part of the food handling operations at the facility;
2. When potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
3. If potentially hazardous foods which have been previously cooked and cooled must be reheated;
4. When potentially hazardous foods are prepared for off-premises service for which time-temperature requirements during transportation, holding and service are relevant;
5. Whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
6. If vacuum packing and/or other forms of reduced oxygen packaging are performed at the retail level;
7. Whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.

**Category Two Facility** is a food establishment that presents a medium relative risk of causing food borne illness based upon few food handling operations typically implicated in food borne illness outbreaks. The following criteria shall be used to classify Category ii facilities:

1. If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same day service;
2. If preparing foods for service from raw ingredients uses only minimal assembly;
3. Foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants or Category I (high risk) food establishments.

**Category Three Facility** is a food establishment that presents a low relative risk of causing illness based upon few or no food handling operations typically implicated in food borne illness outbreaks. The following criteria shall be used to classify Category iii facilities:

1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant;
2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

**PLEASE NOTE: If construction begins without prior written approval from this Department, the Plan Review fee is doubled.**

Signature of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## ESTABLISHMENT INFORMATION

<b>ESTABLISHMENT NAME:</b>	
<b>ESTABLISHMENT ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

<b>OWNER NAME:</b>	
<b>OWNER ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

<b>BUILDING OWNER:</b>	
<b>BUILDING OWNER ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

<b>CONTRACTOR:</b>	
<b>CONTRACTOR ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

<b><u>ESTABLISHMENT TYPE:</u></b> <i>(Please check appropriate boxes)</i>	
<input type="checkbox"/>	FOOD SERVICE
<input type="checkbox"/>	RETAIL
<input type="checkbox"/>	INSTITUTION (SCHOOL, DAYCARE, NURSING HOME, HOSPITAL)
<input type="checkbox"/>	MOBILE VENDOR, <i>License Plate Number:</i>

<b>SEATING CAPACITY:</b>	
<b>NUMBER OF CHECKOUTS:</b>	



<b>ROOM AND FINISHES</b> (in each box indicate finish type, paint type, and color)					
<b>AREA</b>	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>	<b>COMMENTS</b>
<b>Food Preparation</b>					
<b>Utensil Washing</b>					
<b>Food Storage</b>					
<b>Walk-In Refrigerator / Freezer</b>					
<b>Bar</b>					
<b>Salad Bar</b>					
<b>Restrooms</b>					
<b>Server Areas</b>					
<b>Janitorial Station</b>					
<b>Dressing Room / Locker Room</b>					
<b>Other</b>					

<b>STORAGE</b>	
Overhead wastewater lines guttered:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage shelves at least 6 inches above floor or enclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage shelves material:	
Separate storage facilities for cleaning toxic materials provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location(s):	

<b>EMPLOYEE AREA</b>	
Type of storage area for employee's personal belongings:	
Employee washroom provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location(s):	

<b>HANDWASHING FACILITIES</b>	
Convenient handwashing facilities located in the food preparation area:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location(s):	
Handwashing sinks have a mixing valve or combination faucet:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handwashing materials available (soap, paper towel, and waste receptacle):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location(s):	

GARBAGE AND REFUSE DISPOSAL	
<b>Type of Disposal:</b>	
<input type="checkbox"/>	Dumpster
<input type="checkbox"/>	Compactor
<input type="checkbox"/>	Incinerator
<input type="checkbox"/>	Covered Grease Barrels
<input type="checkbox"/>	Other ( <i>please specify</i> ):
Disposal unit is located on: <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel	

LIGHTING		
Not Applicable	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Adequate light provided in kitchen and ware washing areas (minimum of 20 foot candles)
<input type="checkbox"/>	<input type="checkbox"/>	Adequate light provided at bar and fountain glass washing sink (minimum of 20 foot candles)
<input type="checkbox"/>	<input type="checkbox"/>	Adequate light provided in storage rooms, restrooms and dressing rooms (minimum of 20 foot candles)
<input type="checkbox"/>	<input type="checkbox"/>	Protective shielding provided for lighting fixtures over all preparation, display, food storage, ware washing areas, refrigeration units and grease extractor hoods (minimum of 10 foot candles)

MISCELLANEOUS		
Not Applicable	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	All exterior doors tight fitting with self-closing devices
<input type="checkbox"/>	<input type="checkbox"/>	Ventilating units screened
<input type="checkbox"/>	<input type="checkbox"/>	Thermometers located in all refrigeration units
<input type="checkbox"/>	<input type="checkbox"/>	Proper dispensers for single service items
<input type="checkbox"/>	<input type="checkbox"/>	Sneeze guard protection for proper food display
<input type="checkbox"/>	<input type="checkbox"/>	All exposed plumbing, electrical, gas and refrigeration lines 6" off the floor and 1/2" away from wall
<input type="checkbox"/>	<input type="checkbox"/>	All open able windows screened with 16 mesh/inch screening
<input type="checkbox"/>	<input type="checkbox"/>	Carry – out window protected
<input type="checkbox"/>	<input type="checkbox"/>	Laundry operations separate from food service
<input type="checkbox"/>	<input type="checkbox"/>	Cold plates integral with ice bins

**REMARKS** (*add any additional information you feel is pertinent to this application*)

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## PLUMBING

Water Supply:  Private  Municipal

Sewage Disposal:  Private  Municipal

If the water supply and sewage disposal systems are private, are they adequate and meet the County Codes:  Yes  No

Grease Interceptors:  Yes  No

Type(s) and Location(s):

Utility Sink:  Yes  No

Type(s) and Location(s):

Not Applicable	Type	Device
<input type="checkbox"/>		Toilets
<input type="checkbox"/>		Urinals
<input type="checkbox"/>		Dishwashers
<input type="checkbox"/>		Garbage Grinders
<input type="checkbox"/>		Threaded Water Outlets
<input type="checkbox"/>		Water Cooler Compressors
<input type="checkbox"/>		Janitorial Spray
<input type="checkbox"/>		Other

Not Applicable	Yes	Device
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator drains
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator condensate
<input type="checkbox"/>	<input type="checkbox"/>	Steam table
<input type="checkbox"/>	<input type="checkbox"/>	Ice maker/bins
<input type="checkbox"/>	<input type="checkbox"/>	Utensil & glass washing sink
<input type="checkbox"/>	<input type="checkbox"/>	Food preparation sink
<input type="checkbox"/>	<input type="checkbox"/>	Dipper wells
<input type="checkbox"/>	<input type="checkbox"/>	Garbage grinder
<input type="checkbox"/>	<input type="checkbox"/>	Other

## RESTROOM FACILITIES

Number of restrooms provided: \_\_\_\_\_

Number of water closets: \_\_\_\_\_

Number of urinals: \_\_\_\_\_

All restroom doors self-closing:  Yes  No

All restrooms mechanically ventilated to outside air:  Yes  No

Hand drying provided:  Yes  No

Soap provided:  Yes  No

Tempered water provided:  Yes  No

## SANITIZING EQUIPMENT AND FACILITIES

Temperature of primary hot water supply (*in °F*): \_\_\_\_\_

### Manual Dishwashing

Three compartment sink provided:  Yes  No

Two integral drain boards provided:  Yes  No

Separate location for clean and soiled dishes and utensils provided:  Yes  No

### Mechanical Dish and/or Glass Washing

Dish machine manufacturer and model number: \_\_\_\_\_

Separate location for clean and soiled dishes and utensils provided:  Yes  No

Mechanical ventilation provided at dish machine:  Yes  No CFM's: \_\_\_\_\_

**Chemical Sanitizing Machine:**  Yes  No

**Hot Water Sanitizing Machine:**  Yes  No

Booster heater manufacturer and model number: \_\_\_\_\_

Booster heater recovery rate: \_\_\_\_\_ GPH@: \_\_\_\_\_ °F rise:

Supply pipe insulated:  Yes  No