MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
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OFFICE USE ONLY	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	

FOOD ESTABLISHMENT CONSTRUCTION PLAN REVIEW APPLICATION

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. Signed and completed plan review form submitted with the appropriate plan review fee.
2. Food service equipment specifications with make, model number and manufacturer name.
3. Floor plan drawn to scale showing rooms, equipment, plumbing and ventilation (we do not require a schematic drawing of the ventilation system).
4. Copy of proposed menu.

Inspections:

- Pre-opening Inspection – Once your plan review is approved and construction is completed, contact the Department for a pre-opening inspection. This is an optional inspection. At that time the facility will be inspected before stocking and/or training.
- Opening inspection – Once construction is complete and the facility is ready to open a final inspection will be conducted. All fees including the annual permit fee are 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
2nd and Subsequent Plan Review Resubmittals	25% Review Fee Per Applicable Submittal		
Food Establishment Variance Review	$100.00		

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

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 TCS foods occurs as part of the food handling operations at the facility;
2. When TCS foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
3. If TCS foods which have been previously cooked and cooled must be reheated;
4. When TCS 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 TCS foods available are commercially pre-packaged in an approved food processing plant;
2. Only limited preparation of non-TCS 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.

*** TCS – Time/Temperature Control for Safety Food (Formerly potentially hazardous)**

Signature of Owner or Authorized Agent: _____ **Date:** _____

ESTABLISHMENT INFORMATION	
Establishment Name:	
Establishment Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	
OWNER INFORMATION	
Owner Name:	
Owner Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	
BUILDING INFORMATION	
Building Owner:	
Building Owner Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	
CONTRACTOR INFORMATION	
Contractor:	
Contractor Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	

FACILITY / OPERATION TYPE ***(Please check one)***	
☐	New retail food establishment (new construction)
☐	Retail food establishment (extensively remodeled) Indicate name of previous business (if applicable):
☐	Caterer operating out of kitchen that hasn't been previously licensed

ESTABLISHMENT TYPE ***(Please check appropriate boxes)***					
☐	Food Service	☐	Retail	☐	Indoor Seating: Outdoor Seating:
☐	Institution (School, Daycare, Nursing Home, Hospital)	☐	Satellite	☐	Checkouts:

Below is a checklist of require information needed to complete the plan review. **Ensure all information is included.** ******Lack of complete information will delay review and plan approval.******			
☐	Facility floor plan / equipment layout	☐	Menu and food handling procedures
☐	Equipment specifications	☐	Chemical and personal storage
☐	Rooms and finishes	☐	Plumbing plans and schedules
☐	Site plan	☐	Hood / ventilation plans and schedules
Have plans for this establishment been submitted to the Building Department? ☐ Yes ☐ No			
If yes, please provide name of Building Department:			

WORKSCOPE

Will open dining be available in the indoor dining area? ☐ Yes ☐ No

Open dining requires separate variance consideration. A separate fee is required for consideration – see attached variance form.

Will outdoor food service (i.e. outdoor beverage bar, cooking, buffet service, etc.) be offered? ☐ Yes ☐ No

If yes, please describe:

Utility interruption(s) required during renovation: ☐ Yes ☐ No

Facility closure required during renovation: ☐ Yes ☐ No

If yes, will ☐ Utility interruption and/or ☐ Facility closure be required for: ☐ Entire Project ☐ Limited Phase

If limited phase, please describe:

Remaining open during renovation requires additional consideration for barriers and restroom and utility availability.

SITE PLAN *(Please check all that apply)*

☐	Dumpster closures / compactors	☐	Location of any well casings
☐	Outdoor food service areas	☐	Location of any wastewater treatment systems, components, etc.
☐	Outdoor walk-in units	☐	Location of any outdoor grease interceptors and/or vaults
☐	Outdoor / offsite storage	☐	Outdoor seating
☐	Other:	☐	Other:

WATER SUPPLY

☐	Community / Public	Name of District:
☐	Non-community	System ID Number:
☐	Private well (indicate location on site plan)	

A satisfactory water sample is required for new food facilities or extensively remodeled facilities that are served by a private or non-community well. Additional review consideration is required for any new food facility served by a private well to determine if it meets the criteria for inclusion into the State of Illinois Non-Community Water Well Program.

SEWAGE DISPOSAL

☐	Municipal / Public	Name of District:
☐	Onsite wastewater treatment system (indicate location on site plan)	

Additional **health review** consideration is required for any food facility served by an onsite wastewater treatment (septic) system prior to approving any plans for new construction, additions/renovations, seating expansion, or risk classification/menu changes.

Health review consideration involves the evaluation of daily flows, waste strength, and setback distances between structures and well and septic components to ensure maximum useful component life and protection of soil and water. A separate fee is required for this review – see attached form.

Additional information is available at www.mcdh.info or at 815.334.4585

FLOOR PLAN / EQUIPMENT LAYOUT *(Please check all that apply)*

☐	Hand sinks	☐	Dry storage areas	☐	Ventilation hoods
☐	Food preparation sinks	☐	Ice bins / ice machines	☐	Chemical dispensing units
☐	Utility mop sinks	☐	Server stations	☐	Chemical storage areas
☐	Dump sinks	☐	Bar service areas	☐	Personal storage areas
☐	Ware washing sinks	☐	Water heater locations	☐	Garbage / recyclables storage
☐	Dishwashing machines	☐	Indoor / outdoor seating areas	☐	Dipper wells
☐	Toilet facilities	☐	Outdoor cooking / bar / patio	☐	Grease interceptor / grease trap
☐	Floor sinks / floor drains	☐	Buffet lines	☐	Laundry facility locations

Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the above listed items.

EQUIPMENT SPECIFICATIONS ***(check box if yes)***

Complete list of equipment, provide plan sheet with equipment schedule, or submit sheets for review. If a specification sheet lists more than one piece of equipment, identify the specific unit/model to be used. All equipment should be of commercial design.

- Attach additional pages if necessary
- ***ANSI Accreditation for food safety (accreditation services) – https://ansi.org

ITEM NUMBER ON PLAN SHEET	ITEM	MANUFACTURER	MODEL NO.	USED	ANSI ACCREDITATION***	SPECIALLY FABRICATED	PORTABLE COASTERS	SEALED IN PLACE	LEGS 4" ABOVE COUNTER / 6" ABOVE FLOOR
				☐	☐	☐	☐	☐	☐
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				☐	☐	☐	☐	☐	☐

ROOM AND FINISHES *(in each box indicate finish type, paint type, and color)* **Complete the below listing or provide finish schedule on plan sheet.**					
AREA	**FLOOR**	**COVING**	**WALLS**	**CEILING**	**COMMENTS**
FOOD PREPARATION **Any basement prep:** ☐ Yes ☐ No	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
UTENSIL WASHING	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
FOOD STORAGE **Any basement storage:** ☐ Yes ☐ No	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
WALK-IN UNITS **(Refrigerator / Freezer)**	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
☐ **BEVERAGE BAR(S)** ☐ Inside ☐ Outside ☐ **Other:**	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
☐ **SELF-SERVICE** **(salad bar, beverage unit tower)** ☐ **Other:**	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
☐ **SERVER STATION** ☐ **Other:**	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
RESTROOMS	☐ Tile ☐ Linoleum ☐ Sealed Concrete ☐ Other:	☐ Tile ☐ Vinyl ☐ Other:	☐ Block ☐ Tile ☐ FRP ☐ Other:	☐ Paint GYP ☐ Tile ☐ Open ☐ Other:	MFR: Color #: Series: Model #:
Room finishes that do not meet minimum Ordinance standards require separate variance consideration. A separate fee is required for consideration – see attached variance form.					

RESTROOM FACILITIES		
Number of accessible restrooms:	Number of employee restrooms:	
Consult the Building Department of jurisdiction for the number of publicly accessible restrooms required and all other applicable ADA building code requirements.		
All restroom doors that open to food service areas self-closing: ☐ Yes ☐ No		
All restrooms mechanically vented to outside air: ☐ Yes ☐ No		
Hand Drying: ☐ Yes ☐ No	Soap: ☐ Yes ☐ No	Tempered Water: ☐ Yes ☐ No

UTILITY SINK / GREASE TRAP / STORAGE

Utility Sink: ☐ Yes ☐ No	Grease Trap Interceptor: ☐ Yes ☐ No

Show utility sink and grease trap location(s) on floor plan.
Consult the Building Department of jurisdiction for grease trap sizing and installation requirements.

Separate storage area for cleaning and toxic storage:	☐ Yes	☐ No	Location:
Storage area for employees' belongings:	☐ Yes	☐ No	Location:
Overhead wastewater lines guttered:	☐ Yes	☐ No	
Storage shelves at least 6 inches above floor or enclosed:	☐ Yes	☐ No	
Shelf material:			

HAND WASHING FACILITIES

Convenient hand washing facilities located in the food preparation and ware washing areas (including beverage bars):	☐ Yes	☐ No
Hand washing materials available (soap, hand drying, and waste receptacle) at all hand washing sinks:	☐ Yes	☐ No

SANITIZING EQUIPMENT AND FACILITIES

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

MANUAL WARE WASHING

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
Will alternate equipment/methods be used in place of drain boards:	☐ Yes	☐ No

If yes, please describe the method:

MECHANICAL WARE 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
Chemical Sanitizing Machine:	☐ Yes	☐ No
Hot Water Sanitizing Machine:	☐ Yes	☐ No

WATER HEATER / TANKLESS SYSTEM

Make	Model Number

LIGHTING

Not Applicable	Yes	
☐	☐	Adequate light provided in kitchen and ware washing areas (minimum of 20 foot candles)
☐	☐	Adequate light provided at bar (minimum of 20 foot candles)
☐	☐	Adequate light provided in storage rooms, restrooms, and locker rooms (minimum of 20 foot candles)
☐	☐	Protective shielding provided for lighting fixtures over all preparation, display, food storage, ware washing areas, refrigeration units, and hoods (minimum of 10 foot candles)

GARBAGE AND GREASE DISPOSAL

Type of Disposal *(please check all that apply)*:

☐ Dumpster	☐ Compactor
☐ Covered Grease Container	☐ Other *(please specify)*:

Disposal units are located on: ☐ Concrete ☐ Gravel

MENU / FOOD HANDLING PROCEDURES
(Please check all that apply)

☐ Bulk and self-service food
Will food items such as candy, trail mix, etc. be sold in bulk to the public: ☐ Yes ☐ No
If yes, please submit equipment specifications for bulk food bins.
Will self-service food (i.e. buffets and salad bars) be provided: ☐ Yes ☐ No

☐ Submit menus, such as for breakfast, lunch, and dinner.

☐ If standard operating procedures or food handling procedure manuals that describe food preparation procedures are available, submit with plans and verify the questions below are addressed; or you may provide responses in the corresponding sections.

☐ Will vacuum packaging/reduced oxygen packing or specialized processes (i.e. pH acidification, packaging, juice, curing meats, etc.) be conducted:
☐ Yes ☐ No

☐ Describe how the temperature of food will be monitored. Provide the frequency of temperature checks and what food and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

☐ Will cooked food be cooled: ☐ Yes ☐ No
What methods will be used to rapidly cool cooked food to 41°F (5°C) or below? Check all that apply.
☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid cooling equipment ☐ Shallow pans ☐ Separating food into smaller portions
☐ Other:
List food that will require rapid cooling. Include food that is made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.:

☐ Will food be reheated and then held hot before being served: ☐ Yes ☐ No
If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours.
List the equipment that will be used for reheating:

☐ Describe how frozen food will be thawed.
☐ Under refrigeration ☐ Under running water ☐ In a microwave
☐ As part of the cooking process ☐ Other:

☐ Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat food:
☐ Yes ☐ No

☐ Will catering be conducted: ☐ Yes ☐ No

☐ Will food be transported or delivered to another location: ☐ Yes ☐ No
If yes, please list the equipment that will be used to maintain food at proper temperatures during transport:

☐ Will food be prepared tableside in dining areas: ☐ Yes ☐ No
If yes, please list the food that is intended for tableside preparation:

☐ Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar, or customer self-service areas be operated: ☐ Yes ☐ No
If yes, please describe:

☐ Will the establishment prepare food that will be sold to other retail food establishments: ☐ Yes ☐ No
If yes: Wholesaling requires prior Illinois Department of Public Health approval.
Contact IDPH at 630-293-6800 for additional information.

☐ How will bare hand contact with ready-to-eat food be avoided during preparation:
☐ Utensils ☐ Gloves ☐ Deli tissue
☐ Other:

MISCELLANEOUS		
Not Applicable	**Yes**	
☐	☐	All exterior doors tight fitting with self-closing devices
☐	☐	Ventilating units screened
☐	☐	Thermometers located in all refrigeration units
☐	☐	Proper dispensers for single service items
☐	☐	Sneeze guard protection for proper food display
☐	☐	All exposed plumbing, electrical, gas and refrigeration lines 6" off the floor and ½" away from wall
☐	☐	All open able windows screened with 16 mesh/inch screening
☐	☐	Carry – out window protected
☐	☐	Laundry operations separate from food service
☐	☐	Cold plates integral with ice bins

DAYS AND HOURS OF OPERATION

Insert hours below in the following format: 8AM to 8PM

If there is a break in the hours you are open, use the second line to insert additional hours.

Days	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Hours	to	to	to	to	to	to	to
Hours	to	to	to	to	to	to	to

For seasonal operations, please check all that apply.

☐ Jan	☐ Feb	☐ Mar	☐ April	☐ May	☐ June	☐ July	☐ Aug	☐ Sept	☐ Oct	☐ Nov	☐ Dec

Add additional information if necessary:

MEAL SERVICE		
☐ Breakfast	☐ Lunch	☐ Dinner