

# Application for Food Facility Plan Review

Approval of plans shall be obtained from the Environmental Health Division before a building permit will be issued by the local building department. Plans are submitted to both the Kern County Environmental Health Division and the local building department simultaneously. Once Environmental Health staff has reviewed the plans, a compliance list of conditions necessary to obtain approval is issued to you. Please contact the appropriate building department regarding their procedures. Work on the project may begin after approval is obtained from both departments.

## **Who should submit plans?**

Plans and specifications are required to be submitted to our department by any person that:

- a. Is constructing or remodeling any building for use as a food facility,
- b. Plans to reopen a food facility which has been closed for any length of time.
- c. Plans to open an existing food facility where the equipment has been removed,
- d. Plans to lease out a portion of a food facility which would result in a new permit,
- e. Plans to change equipment (or the addition of), finishes, menu, or type of food facility (i.e. limited menu to full service).

## **What should I submit for plan review?**

- a. The plans must include sufficient information to demonstrate compliance with the "*Minimum Requirements for Food Facility Plans.*" (see below)
- b. Plans may be prepared by an architect, draftsman, designer, contractor or owner. All plans must be drawn in a concise, detailed and professional manner. Inadequate plans will be rejected.
- c. A minimum of two (2) sets of detailed plans and specifications must be submitted.
- d. The application for plan review must be completed and submitted with the plans.
- e. Fees for plan review must be submitted with plans and specifications.

## **Minimum Requirements for Food Facility Plans**

Plans shall be drawn to scale. The recommended scale is  $\frac{1}{4}$  inch = 1 foot and shall include the following:

- a. Name and address of the food facility; the name, mailing address and telephone number of owner, contractor and/or contact person.
- b. Vicinity map.
- c. Floor plan of entire facility.
- d. Floor plan showing equipment layout including:
  - i. Complete equipment checklist, including the methods installation.
  - ii. Equipment manufacturer specifications sheets and/or elevations.
- e. Plumbing layout.
- f. Electrical layout.
- g. Exhaust hood ventilations and make-up air systems.
- h. A site plan including proposed waste storage receptacle location.

- i. Room finish schedule for floors, base, walls and ceiling that indicates the type of material, the color and the surface finish for each room or area. Give specific names. Samples or specification of proposed finish material may be required.
- j. Menu & Food Operations. Complete the form contained in the application "Menu and Food Operations". In addition, submit a proposed menu (including any seasonal, off-site, banquet menus).

## **Forms**

This packet includes the following forms:

- ❖ *Application For Food Facility Plan Review*
- ❖ *Menu Items and Food Operations*
- ❖ *Equipment List Form*
- ❖ *Finish Schedule Form*

If equipment specifications and finish schedules are not printed on the plans, the Equipment List Form and the Finish Schedule Form must be completed and submitted.

Plans may be mailed to:

Environmental Health Division  
2700 M Street, Suite 300  
Bakersfield, CA 93301

Plans may be brought to the Division at:

Public Services Building  
Environmental Health Division  
2700 M Street, Suite 300  
Bakersfield, CA 93301

You will be required to check in and obtain a visitor's pass at the front door kiosk. Inform the receptionist that you are submitting plans for a food facility to Environmental Health Division.

Environmental Health Services Department  
 2700 M Street, Suite 300, Bakersfield, CA 93301  
 Telephone (661)862-8700 Fax (661)862-8701 E-mail eh@co.kern.ca.us

## Application For Food Facility Plan Review

<b>Facility Information</b>	Name	Phone
	Address	Fax
	City, State, Zip	Assessor Parcel Number
<b>Owner Information</b>	Name	Phone
	Address	Fax
	City, State, Zip	E-Mail Address
<b>Engineer/Contractor Or Contact Person</b>	Name	Phone
	Address	Fax
	City, State	E-Mail Address
<b>Type Work</b>	<input type="checkbox"/> New <input type="checkbox"/> Conversion    Estimated Completion Date _____ <input type="checkbox"/> Remodel of existing food establishment <input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Is this business currently operating? (Yes/No)	
<b>Water/Sewage</b>	Water System	Sewage Disposal
<b>Type of Plan Submittal</b>	<input type="checkbox"/> Standard <input type="checkbox"/> Over-the Counter <input type="checkbox"/> Electronic	

A service fee for plan review must accompany this application. Please check the appropriate box and submit the corresponding plan check fee.

<b>Plan Check Fee</b>	<b>Square Footage</b>	<b>Service Fee</b>
	<input type="checkbox"/> Up to 1000 square feet.....	\$520.00
	<input type="checkbox"/> 1,001 to 10,000 square feet.....	\$690.00
	<input type="checkbox"/> Over 10,000 square feet.....	\$870.00

<b>For Official Use Only</b>	<b>Date Received</b>	<b>Amount Paid</b>	<b>Service Request</b>	<b>Census Tract</b>
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**IMPORTANT NOTE:** If equipment specifications and finish schedules are not printed on the plans, the Equipment List Form and the Finish Schedule Form must be completed and submitted. Incomplete plans will not be accepted.

# Menu Items and Food Operations

Facility Name

Facility Address

**TYPE OF FOOD FACILITY OPERATION.** Check the box below which best describes your food facility.

**Commercially, Prepackaged Food Markets:** All food (100%) onsite is commercially prepackaged. There is no food or drink preparation or serving; no coffee service; no ice packaging; no unpackaged snacks, candy, beef jerky; no beer tappers; no beverage dispensing, etc.

**Non-Prepackaged Food Markets/Bakeries/Ice Cream Shops/Yogurt Shop:** Food is stored/displayed/sold in an unpackaged state.

**Bars/Taverns:** Unpackaged beverages and commercially prepackaged foods are sold. There is no food preparation or sale of unpackaged foods.

**Restaurant:** Complete food preparation occurs, including the handling, cooking, and serving of unpackaged foods (includes sandwich shops, deli, cafeteria, fast food, pizza, etc. Restaurants with cocktail lounges are also included in this category.

**Other:** please specify

Check the menu items in the left hand column below which will be prepared and served at your food establishment. Check those food operations in the right hand column below which will occur at your establishment. This information will be used to determine your equipment and refrigeration needs.

<input checked="" type="checkbox"/>	FOOD ITEM	<input checked="" type="checkbox"/>	FOOD OPERATION
	Meat or meat dishes		Refrigeration of foods
	Fish or fish dishes		Cooling foods which have been heated or cooked
	Poultry or poultry dishes		Cooking foods
	Shellfish		Holding foods hot for more than 30 minutes
	Rice or Beans		Reheating foods which have been prepared on site
	Pasta		Preparing foods one day for service the next day
	Gravies, Sauces, or Soups		Washing vegetables such as lettuce, tomatoes, onions, etc.
	Green salads		Washing fish
	Sandwiches		Washing poultry

Potentially hazardous foods (such as meats, poultry, fish, shellfish, rice, beans, pasta, gravies) must be rapidly cooled after they have been cooked or heated if they are not going to be served immediately or held in a hot holding device. Rapid cooling must be completed by one or more of the following methods listed below based on the type of food being cooled. Check the method(s) below which you plan to use to cool hot food.

<input checked="" type="checkbox"/>	APPROVED COOLING METHODS
	Placing foods in shallow heat-conducting pans such as stainless steel
	Separating the food into smaller or thinner portions
	Using rapid cooling equipment
	Using containers that facilitate heat transfer
	Adding ice as an ingredient
	Inserting appropriately designed containers in an ice bath and stirring
	In accordance with a HACCP plan. (HACCP plan must be submitted for review and approval.)



# Finish Schedule Form

CODE	ROOM OR AREA	FLOOR	FLOOR BASE OR COVE	WALLS	CEILING	REMARKS
	Dining Area					
	Waitress Station					
	Kitchen Area					
	Dishwashing Area					
	Janitorial Station					
	Employee Locker Room					
	Restroom					
	Storeroom					
	Walk In					

