



## APPLICATION FOR PLAN REVIEW

State Form 50033 (R2/6-05)

Indiana State Department of Health  
Food Protection Program

Please complete the following, as is applicable to the retail food establishment.

### Owner/Corporation Information:

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Engineer/Architect Information:

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Establishment Information:

(Check one) \_\_\_\_\_ New Construction \_\_\_\_\_ Existing/Remodel Project #: \_\_\_\_\_  
Establishment Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Establishment Telephone #: \_\_\_\_\_ Contact Person Telephone #: \_\_\_\_\_  
Establishment Mailing Address: \_\_\_\_\_  
Establishment Street Address: \_\_\_\_\_  
Projected Date for Start of Project: \_\_\_\_\_  
Projected Date for Completion of Project: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-26:

(Please check items submitted for review)

- \_\_\_\_\_ Proposed menu (including seasonal, off-site and banquet menus).
- \_\_\_\_\_ Anticipated volume of food to be stored, prepared, and sold or served.
- \_\_\_\_\_ Proposed layout, mechanical schematics, construction materials, and finish schedules.
- \_\_\_\_\_ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- \_\_\_\_\_ Evidence that standard procedures that ensure compliance with IDOH Rule 410 IAC 7-26 are developed or are being developed.
- \_\_\_\_\_ Plan review questionnaire completed and submitted to the regulatory authority.

#### Note:

Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

### Additional Information:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Relationship to Project

\_\_\_\_\_  
Date Signed

**Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.**