Please find enclosed a plan review packet. The cost of the plan review will be dependent on what type of risk factor you would be which you can see on page two of the application. The cost of your yearly food license would also be the same.

These plans must be approved prior to the construction or renovation of your facility. As far as the approval time, we try to allow Keith, EH Director, at least one month to review the plans. If the construction is to begin in less than thirty days, an additional $100.00 priority fee will be needed.

Once the plans are approved the facility would need to be pre-inspected before opening to the public. The last sheet of the plan review packet should be retained by the facility so that the local code enforcement personnel can also inspect the premises and to sign off on the form previous to our pre-inspection.

If you have any questions regarding the plan review application, please contact Keith Wojnowski at (815) 802-9414.
I/we hereby submit plans and specifications to construct, remodel or convert a Food Service Establishment or as a new owner in Kankakee County.

Name of Establishment ____________________________________________________________ Phone (       ) _________________
Street Address _____________________________________________________City__________________State______Zip________
Licensee/Owner _____________________________________________________________Home Phone (      ) _________________
Corporate Owner ________________________________________________________________   Phone (      ) _________________
Mailing Address____________________________________________________City__________________State______Zip________
Operator/Manager____________________________________________________________Home Phone (      ) _________________
Email Address ______________________________________________________  Fax Number ______________________________

Are Certified Food Handler(s) on staff?         ___Yes  ___No    If so, how many? ________________________

In an emergency, how can we contact you?  Work   Home   Fax   Email  (Please Circle)

Choose one of the following:
[  ] New Construction      [  ] Change of Ownership (no remodeling)
[  ] Remodel of existing permitted establishment (same owner)  [  ] Remodel of existing non-permitted establishment
        [  ] Remodel of existing permitted establishment (new owner)

A full set of plans, list of equipment to be used in the facility (refrigeration units, freezers, steam tables, etc.), including method of equipment installation and plan review fee  ARE TO BE SUBMITTED WITH THIS FORM

ANY CHANGES IN PLANS OR ON THIS FORM MUST RECEIVE ADVANCED APPROVAL

Plans to be returned   Yes_____   No_____

The appropriate fee of this plan review is reflected in Section II on Page 2 of this packet.

Signature of owner or authorized agent __________________________________________ Date_____________

PAYMENT INFORMATION
Please return this completed, signed and dated application and stipulated fee in the form of a check (    ), cashier’s check (    ) or money order (    ) made payable to the KANKAKEE COUNTY HEALTH DEPT. Credit card instructions are below.

When you provide a check as payment, you authorize us to use information from your check to process a one-time Electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of $25.00 by EFT or drafts drawn from your account.

If you would like to pay be credit card, please fill out the following information:
(     ) Please charge my credit card for the amount as indicated above per the Annual Fee Schedule
Card Type (Please Circle):    VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS
CARD NUMBER:__ __ __ __   __ __  __ __   __ __ __ __   __ __ __ __ CVS#: __ __ __ EXP. DATE: __ __/ __ __
SIGNATURE: _______________________________  DATE: _______________
II. CLASSIFICATION OF FACILITY

TYPE OF FOOD ESTABLISHMENT

- Restaurant
- Gas Station (Retail)
- Day Care
- Caterer
- Gas Station (Food Service)
- Hospital
- Tavern
- Mobile Unit
- Long Term Care Facility
- School/Milk Only
- School/Satellite Kitchen
- School/Full Kitchen
- Grocery (sq. ft. of building ___________)
- Grocery w/deli (Sq. ft. of building _____________)
- Other ____________________________________

Business Hours ____________________ to ____________________ Days Closed _______________________________________

Type of Menu ________________________________________________________________________________________________

(Copy of menu must be submitted)

Buffet Set-Up (banquet, salad bars, luncheons, etc.) Yes___ No___

Catering? Yes___ No___ Delivery Service? Yes___ No___

Seating Capacity ______________________________

Public Restroom Provided Yes___ No___ Men’s ___ Women’s ___

To determine the category in which your facility will be classified as, please check all lines that apply to your food preparation activities. This will reflect your plan review fee. If construction has begun or if the establishment is expecting to open in less than a month, an additional $100.00 priority fee is to be paid in addition to the regular plan review fee.

HIGH RISK FOOD ACTIVITIES ($350.00)

- Cooling potentially hazardous foods
- Preparing and holding (hot or cold) food far in advance (more than 12 hours before serving)
- Extensively handling raw ingredients and hand contact with ready-to-eat foods
- Reheating potentially hazardous foods which have been previously cooked and cooled
- Preparing food for off-site service (where time-temperature requirements during transportation, holding, and service are a factor)
- Vacuum Packaging and/or other forms of reduced oxygen packaging are performed at the retail level

MEDIUM RISK FOOD ACTIVITIES ($300.00)

- Preparing foods for service from raw ingredients using minimal assembly
- Hot or cold holding is restricted to same day service
- Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from an approved processing establishment

LOW RISK FOOD ACTIVITIES ($200.00)

- Only prepackaged foods are available or served
- Potentially hazardous foods are commercially pre-packaged in an approved processing establishment
- Have limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages
- Only beverages are served (alcoholic or non-alcoholic)

CHANGE OF OWNER SHIP NO REMODELING ($100.00)
III. STORAGE FACILITIES

Kitchen Area in Sq. Ft.______________   Dry Food Storage in Sq. Ft._______________

Type of Shelving: (materials constructed of)

Kitchen_________________________________________________________________________________________

Food Storage_____________________________________________________________________________________

Walk-in Refrigeration Unit(s) _______________________________________________________________________

Walk-in Freezer Unit(s) __________________________________________________________

Location of Storage: (in which area of the facility)

Liquor and Beverage __________________________________________________________

Fountain Drink Bulk Bag(s) __________________________________________________________

Cooking utensils ________ ________________________________________________________________________

Clean Dishware __________________________________________________________

Soiled Dishware __________________________________________________________

Clean/Soiled Linens __________________________________________________________

Location of Chemical Storage:

Soaps & Sanitizers __________________________________________________________

Pesticides/Herbicides/Rodenticides __________________________________________________________

Other Poisonous Material __________________________________________________________

Maintenance Materials (mop, broom, etc.) __________________________________________________________

IV. EMPLOYEES AREA AND HAND WASHING FACILITIES

Projected number of food service employees per shift: __________________________________________________

Location of storage area for employees’ personal belongings: __________________________________________________

Location of employee washroom: __________________________________________________________________

Number of hand washing facilities: __________________________________________________________________

Type and materials of hand washing sink: __________________________________________________________

Location of hand washing sinks: __________________________________________________________________

Hand washing sink(s) supplied with: Dispensed Towels______ Dispensed Soap ________

(Any self-closing of metering faucet shall be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet)
V. PLUMBING

Water Supply Type
Public [ ] Private [ ]

Sewage Disposal Type
Public [ ] Private [ ]

Food Preparation Sink
Yes [ ] No [ ] Location __________________

Sink Dimensions
Length [ ] Width [ ]
Materials [ ]
Number of compartments [ ]

Janitorial Sink
Type [ ] Location __________________
Materials [ ]

(Provide back-siphon prevention devices on all threaded faucet that a hose is intended to be attached to)

Grease Interceptor
Yes [ ] No [ ] Location __________________

Indoor Recessed [ ] Outdoor Recessed [ ]

Size of Grease Interceptor [ ] gallons (volume of sink(s) x .50 = volume of grease interceptor)

Garbage Grinder
Yes [ ] No [ ] Location __________________

- Garbage grinder, if installed, must be directly connected with a floor drain relief.
- Gutters or other methods of protecting food in preparation and storage areas from overhead sewer lines are to be provided.
- Must meet all applicable requirements of local or state plumbing code.

VI. SANITIZING EQUIPMENT AND FACILITIES

Water heater Capacity [ ] Gallons

Manual Dish Washing

Three Compartment Sink [ ] Chemical [ ] or Hot Water Sanitizing [ ]

Volume of Sink
Size of Compartment \( \frac{Le^{231} \times Width \times Dept}{x^3} \) = _______ gallons

Length of Each Drain-board ______ inches Total Length of Sink ______ inches
MECHANICAL DISH AND/OR GLASS WASHING

Dish machine Manufacturing and Model Number ____________________________-
Length of Soiled Dish Table _________ ft.  Soiled Dish Table Draining into _____
Length of Clean Dish Table _________ ft.

[ ]  Chemical Sanitizing Machine
   Dish machine Demand of Rinse Water ______________________GPH
   Warning Indicator on Chemical Dispenser Provided

[ ]  Hot Water Sanitizing Machine
   Dish machine Demand of Rinse Water ______________________GPH @ 20 PSI Flow Pressure

Booster Heater Manufacturer and Model Number______________________________
   Located ______________ Ft. From Dishwasher Supply Pipe Insulated  Yes [ ]  No[]
   Temperature Gauge Installed After Booster Heater____________________________
   Pressure Regulator Installed on Final Rinse Line______________________________

All other types of sanitizing methods (steam or low pressure) must be described in writing and be supported
with the equipment manufacturer’s specification.

VII. GARBAGE AND REFUSE DISPOSAL

Type of Disposal: [ ] Dumpster   [ ] Compactor   [ ] Incinerator   [ ] Grease Barrel
   Other:_____________________________
   Covers Provided:  Yes____  No____
   Grease Disposal Company_____________________________

Garbage Area:   [ ] Asphalt   [ ] Concrete
   Draining to: _______________________________________
   Enclosed:  Yes_____  No _____
   Type of Enclosure: ____________________

VIII. LIGHTING

N/A   Yes
   [ ]    [ ] Adequate light provided in kitchen/utensil washing area (min 50 ft. candles)
   [ ]    [ ] Adequate light provided at bar/fountain glass washing sink (min 20 ft. candles)
   [ ]    [ ] Adequate light provided in food/utensil storage rooms, toilets and dressing room (min
           30 ft. candles)
   [ ]    [ ] Protective shielding provided for lighting fixtures over all preparation, display, food storage
           and utensil washing areas
### IX. MISCELLANEOUS

<table>
<thead>
<tr>
<th>N/A</th>
<th>Yes</th>
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- All washrooms shall have self-closing doors
- Soap and paper towels provided at each hand sink
- Provide test strips for the sanitizer intended to be used
- Provide metal stem thermometer for monitoring hot food temperatures
- All washrooms shall have mechanical ventilation
- All exterior doors shall have self-closing devices and be tight fitting
- Ventilation units shall be screened with 1/16” mesh
- Thermometers shall be located in all refrigeration/freezer units
- Proper dispensers for single service articles shall be used
- Sneeze guards shall be provided to properly protect displayed foods
- All exposed plumbing, electrical, gas, & refrigeration lines shall be 6” off of the floor and ½” away from wall
- All open-able windows shall be screened with 1/16” mesh screen
- Carry-out windows shall be protected
- Laundry operations separate from food service areas
- Cold plates integral with ice bins
- Certified Food Protection Manager shall be present based on establishment classification

<table>
<thead>
<tr>
<th>Status:</th>
<th>Plans unapproved</th>
<th>Date ________________</th>
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<tbody>
<tr>
<td></td>
<td>Plans approved</td>
<td>Date ________________</td>
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<td>More information requested: ____________________________</td>
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**CONSTRUCTION SHALL NOT BEGIN UNTIL AFTER PLANS HAVE BEEN SUBMITTED AND APPROVED.**

Health Department Representative: ____________________________
Date: ________________

A 48 hour notice must be given to the Kankakee County Health Department for a final inspection prior to opening. A preliminary inspection must be conducted after all equipment has been installed.

**NO FOOD SHALL BE STOCKED IN THE FACILITY UNTIL APPROVAL HAS BEEN GRANTED BY THE HEALTH DEPARTMENT REPRESENTATIVE**

Full equipment list, method of installation, and architectural plans are to be submitted with this form to the

Kankakee County Health Department
Environmental Health Division
2390 W. Station St.
Kankakee, IL 60901
II. Equipment List

<table>
<thead>
<tr>
<th>Item#</th>
<th>Item</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>NSF</th>
<th>Specially Fabricated</th>
<th>Movable On Caster</th>
<th>Spaced On Legs</th>
<th>Sealed In Place</th>
<th>Water</th>
<th>WASTE &quot;note direct of indirect&quot;</th>
<th>Comments</th>
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*Complete this equipment list or provide identical information on the blueprints indicating the method of installation*
### III. Room Finish Schedule

<table>
<thead>
<tr>
<th>Room Area</th>
<th>Floor</th>
<th>Floor Base or Cove</th>
<th>Walls</th>
<th>Ceiling</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Food Preparation</td>
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<tr>
<td>Cookline</td>
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<td>Utensil Washing</td>
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<td>Food Storage</td>
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<tr>
<td>Walk-in Refrigerator/Freezer</td>
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<tr>
<td>Janitorial Areas</td>
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<td>Waitress Areas</td>
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<tr>
<td>Bar</td>
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<tr>
<td>Restrooms</td>
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<tr>
<td>Dressing &amp; Locker Room</td>
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<td>Buffet &amp; Salad Bars</td>
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<td>Other</td>
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**Specific brand names and colors for materials should be specified whenever possible to ensure acceptability**
KANKAKEE COUNTY HEALTH DEPARTMENT

REFERRAL FORM FOR FOOD ESTABLISHMENTS

1. Date____________________________________
2. Establishment Name ________________________________________________
3. Establishment Address _______________________________________________
4. Establishment Phone ________________________________________________
5. Applicant’s Name __________________________________________________
6. Applicant’s Address _________________________________________________
7. Applicant’s Phone __________________________________________________

Type of Development
[  ] New Facility
[  ] Remodel of licensed facility
[  ] Remodel of unlicensed facility
[  ] Change of Ownership – No remodel

The below listed agencies must be contacted and perform their inspections of the above facility prior to the Kankakee County Health Department’s Environmental Health inspector performing their inspection.

All inspections from each agency must print their initials and date this referral form:

- City Code Enforcement
- Building Department
- Plumbing Inspector
- Fire Inspector
- Health Inspector

Building Department
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________

Plumbing Inspector
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________

City Code Enforcement
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________

Electrical Inspector
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________

Fire Inspector
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________

Health Dept. Inspector
Conditional Approval Granted: ______________________
Reviewer: ______________________
Date: ______________________