

Johnson County Public Health  
855 S. Dubuque St., Iowa City, IA 52240 319/356-6040  
**Food Establishment Plan Review Application**

**THE FOLLOWING ITEMS MUST BE SUBMITTED TO THIS DEPARTMENT:**

- COMPLETE SET OF PLANS WITH EQUIPMENT LISTS
- MENU
- DESCRIPTION OF HOW MENU ITEMS ARE PREPARED: EX: FROM SCRATCH, FROZEN REHEATED, PRE-PREPARED CHILLED, REHEATED AND HELD, ETC.
- THIS APPLICATION

*Johnson County Public Health Food Safety Program staff will review the submitted materials within 2 weeks of receipt. Applicant will be contacted once plans are reviewed.*

**GENERAL INFORMATION:**

Name of proposed facility:

Physical address of facility:

City:

State:

Zip:

Target date of construction initiation:

Target opening date of facility:

Name of owner:

Mailing Address During Construction:

City:

State:

Zip:

Name of agent completing this application (if different than name of owner):

Agent's Title:

E-mail address:

Phone number during plan review process:

Fax number during plan review process:

Phone number during construction:

Total square feet of kitchen:

Have plans and applications been submitted to the Johnson County Building Department/Applicable City Building Department?:  Yes  No

JCPH Confirm: Date \_\_\_\_\_ Dept: \_\_\_\_\_ Person: \_\_\_\_\_

Name of Building Department submitted to:

Have plans and applications been submitted to the applicable Fire Marshall/Fire Department?:  Yes  No

Name of Fire authority submitted to:

**OPERATION INFORMATION:**

Hours of food service operations:

M:	T:	W:	TH:	F:	S:	S:
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Seating Occupancy:

Maximum number of total kitchen staff per shift:

Maximum number of grill area staff per shift:

Maximum number of serving staff per shift:

Projected Number of meals to be served:

B:	L:	D:
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Type of Service (check all that apply):

- Sit down meals  Grocery  Take out  
 Convenience Store  Catering  Bar

Other (define):

Number of food deliveries to be received per week:

Is an automatic dish machine included in the plans?  Yes

No

If **yes**, does the machine sanitize via:

Hot water OR

No

Chemical sanitizer

**If the dish machine utilizes hot water to sanitize, documentation of required hot water input usage, and documentation of correct hot water heater capacity as required by the machine, must be submitted with this application.**

**REQUIREMENTS TO NOTE:**

\*Adequate and conveniently placed handsinks shall be placed in the kitchen, food prep and serving staff areas to sufficiently provide accessible handwashing for all staff.

\*A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment or utensils are placed.

\*An adequate number of cold holding units shall be on the premises and shall hold all potentially hazardous foods at 41°F or below.

\*Dressing rooms or dressing areas shall be designated if employees routinely change their clothes in the establishment. Suitable facilities shall be provided for the orderly storage of employees' clothing and/or other personal possessions.

Signature of Applicant

Date of Application