



310 S. Main St. · Bellefontaine, OH 43311
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Office Use Only	
Review Time	_____
Fee	_____
Date Paid	_____
Receipt	_____
Plan No.	_____

APPLICATION FOR FOOD SERVICE OPERATION PLAN REVIEW

OPERATION NAME: _____

OPERATION ADDRESS: _____

OWNER: _____ PHONE: _____

OWNER ADDRESS: _____

AUTHORIZED REPRESENTATIVE: _____ PHONE: _____
 (other than owner)

ADDRESS: _____

OPERATION INFORMATION

TYPE OF CONSTRUCTION

NEW _____ ADDITION/EXPANSION _____ REMODEL/ALTERATION _____

CONSTRUCTION: PROJECTED STARTING DATE _____

PROJECTED COMPLETION DATE _____

APPLICANT SIGNATURE _____ DATE _____

PLAN REVIEW FEES

<u>HEALTH DISTRICT REVIEW TIME</u>	<u>FEE</u>
0 - ½ HOUR	\$0.00
½ - 1 HOUR	\$24.00
1 - 2 HOURS	\$48.00
2 - 3 HOURS	\$72.00
3 - 4 HOURS	\$96.00
4 HOURS AND UP	\$120.00