



**310 S. Main St. · Bellefontaine, OH 43311**  
 PH: 937.592.9040 · FX: 937.592.6746  
 www.loganhealth.org

**APPLICATION FOR FOOD FACILITY PLAN REVIEW**

OPERATION NAME: \_\_\_\_\_

OPERATION ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

(if other than owner)

ADDRESS: \_\_\_\_\_

**OPERATION TYPE:**  COMMERCIAL  NONCOMMERCIAL **RISK LEVEL:**  1  2  3  4  
 CATERER  CHURCH  SCHOOL  HOSPITAL  MOBILE  VENDING  TEMPORARY

**REASONS FOR REVIEW:**  NEW/RELOCATED EQUIPMENT  MENU CHANGE  
 NEW OWNERSHIP/MANAGEMENT ONLY  CHANGE OF USE (NOT FORMERLY AN FSO/RFE)  
 NEW CONSTRUCTION  ADDITION/EXPANSION  INTERIOR REMODEL/ALTERATION

**FOR CONSTRUCTION:** STARTING DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLAN REVIEW FEES (50% of the local portion of the food license fee rounded to the next whole dollar)**

<u>Level</u>	<u>Commercial &lt;25,000 sf</u>	<u>Plan Fee</u>	<u>Commercial &gt;25,000 sf</u>	<u>Plan Fee</u>
1	\$161	\$81	\$234	\$117
2	\$182	\$91	\$247	\$124
3	\$351	\$176	\$885	\$443
4	\$446	\$223	\$938	\$469

  

<u>Level</u>	<u>Non-Commercial &lt;25,000 sf</u>	<u>Plan Fee</u>	<u>Non-Commercial &gt;25,000 sf</u>	<u>Plan Fee</u>
1	\$80	\$40	\$117	\$59
2	\$91	\$46	\$123	\$62
3	\$175	\$88	\$442	\$221
4	\$223	\$112	\$469	\$235

Office Use Only	
Plan Fee	_____
Date Paid	_____
Receipt	_____
Plan No.	_____