



Nationally Accredited

310 S. Main St. · Bellefontaine, OH 43311
 PH: 937.592.9040 · FX: 937.592.6746

FOOD FACILITY PLAN REVIEW APPLICATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

OWNER: _____ PHONE: _____

OWNER ADDRESS: _____ EMAIL: _____

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

ADDRESS: _____ EMAIL: _____

OPERATION TYPE: COMMERCIAL NONCOMMERCIAL **RISK LEVEL:** 1 2 3 4

CATERER CHURCH SCHOOL HOSPITAL MOBILE VENDING TEMPORARY

REASON FOR REVIEW: NEW EQUIPMENT ONLY* MENU CHANGE ONLY* (* LCHD MAY WAIVE FEE)

NEW CONSTRUCTION ADDITION/EXPANSION INTERIOR REMODEL/ALTERATION (WITH PERMITS)

FOR CONSTRUCTION: STARTING DATE _____ COMPLETION DATE _____

APPLICANT SIGNATURE _____ **DATE** _____

	Plan Review Fees	50% of Local License Fee
	For Both Commercial and Non-commercial Facilities	
Level	< 25,000 sq ft	> 25,000 sq ft
1	\$72.00	\$105.50
2	\$81.50	\$111.00
3	\$158.50	\$402.00
4	\$202.00	\$426.50
	<i>Revised 2/3/2021</i>	

OFFICE USE ONLY
Plan Fee _____
Date Paid _____
Receipt _____
Plan No. _____