



## Remodel Plan Review Application Fee Varies

**Licensing:**

All new retail food establishments/food service operations and those altering or remodeling an existing facility must complete the plan review process. Additionally, any plumbing, structural, or electrical changes needing a building permit are required to submit for simple plan review with the Health Department. All questions regarding the plan review process can be directed to our environmental office. Plan Review process may take up to 30 days to complete.

Facility Name: \_\_\_\_\_ Project Dates: \_\_\_\_\_

Facility Address, City, Zip Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

How do you prefer to receive correspondence from our office:     E-mail     US Postal Service

Signature of Owner or Representative: _____	Date: _____
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**Wood County Building Department must be contacted for proper permits and inspections. Any plumbing, including addition of grease interceptor, will require a building permit or a Health and Safety inspection (419-354-9190).**

- Have you contacted the Wood County Building Department?     Yes     No

**Project Description.** Be sure to include items that are being added/altered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this application, proper supporting documentation, and appropriate fee to the Wood County Health Department for approval.

<b>FOR OFFICE USE ONLY</b>		
Date received _____	Receipt Number _____	Amt. Paid _____ (\$100/\$200)

**Menu Changes (If applicable. Including special processes added):**

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**Dishwashing:**

- Will a dish machine be added?  Yes  No
  - If yes:  high temp dish machine  low temp chemical dish machine with audible or visual alarm

**Lighting:**

- Will the facility be changing or adding lighting?  Yes  No
  - If yes, include the lighting changes on the floor plan
  - Are the lights shielded?  Yes  No

**Plumbing:**

- Will the facility be making any plumbing changes?  Yes  No
  - If yes, include the plumbing changes on the floor plan

**Grease Interceptor:**

- Does the facility currently have a grease interceptor?  Yes  No
  - If no, one must be added to the facility

**Surfaces Finishes:**

- All surfaces must be smooth, nonabsorbent, durable, and easily cleanable.
- If any surface finishes (including ceiling, flooring, coving, or walls) are changed or new, a finish schedule must be submitted.

Area	Flooring Material	Coving Material	Wall Material	Ceiling Material
<i>Example: kitchen</i>	<i>Commercial tile</i>	<i>Rubber base molding</i>	<i>Fiberglass reinforced panel board (FRP)</i>	<i>Vinyl coated ceiling tiles</i>

**New Equipment List:**

Manufacturer	Model Number	Description	Fixed or Portable

**Floor Plan:**

- If any changes are being made to the facility layout, a new floor plan drawn to scale must be submitted.
- **The new or altered areas must not be in operation until approval and final inspection from Wood County Health Department and/or Wood County Building Department is granted.**