

COMMISSIONER

PLAN REVIEW INFORMATION GUIDE

Section 500.12(2), Florida Statutes; 5K 4.004(9) F.A.C. Phone (850) 245-5520

PLAN REVIEW INFORMATION GUIDE AND APPLICATION

- 1) The Contact person preparing the floor plan must complete the plan review application. All information on the application must be complete and legible.
- 2) A set of plans must be drawn to scale e.g. ½ inch = 1 foot and only include the following pages: <u>The cover sheet, a floor plan, the equipment lay out sheet for each processing department, grocery, kitchen and or snack bar, a plumbing sheet showing the water and sewer system and a floor walls and ceiling finish schedule, other sheets may be requested during a review.</u>
- 3) A fee of \$55.10, which includes a \$25.00 application fee and \$30.10 for the first hour of plan review, must be paid at the time of plan/application submission. Make Check or Money Order payable to FDACS for \$55.10 and remit with a copy of the Application (ATTACHED) to Florida Department of Agriculture & Consumer Services, PO Box 6720, Tallahassee, Florida 32314-6720
- 4) Submit the original Application and two sets (HALF SIZE) of plans depending on the COUNTY to the address indicated below. Plans are reviewed on a first come first serve basis. (One set will be retained in the Tallahassee office until completion and the other set will be stamped, dated, signed and returned to the person designated on the application along with all supporting documents.)
- 5) If the use of a private well, package sewer plant, or septic tank is intended, written approval(s) or permits from the appropriate agency are required at the time of submittal.
- 6) The time expended reviewing a plan is recorded in quarter hour increments with the minimum charge rate of one hour per plan review. Allow 30 days for processing. If changes are needed, the applicant must revise the plans or commit in writing to correct the deficiencies within 30 days. After plans are approved and construction is complete, the Department must be contacted at 850-245-5520 to request a permitting inspection. A passing inspection is required prior to opening.
- 7) The final invoice, a return revenue envelope, and supporting documents will be enclosed with the returned plans. The final payment for plan review assistance is due 15 days from the date of the final invoice from the department.

Approval of these plans and specifications by the Department does not indicate compliance with any other regulations outside the preview of this Department. The plans will be verified to determine compliance during the food establishment's permitting inspection. Individuals that wish to rent out space for food service activities inside firms regulated by the Dept Of Agriculture and Consumer Services, (FDACS) and whose operation will be independent of the FDACS permit holder must be inspected and licensed by the Department Of Business And Professional Regulation (DBPR), Division Of Hotel And Restaurants, before opening to the public. The contact number for DBPR is 850-487-1395.

FOR COUNTIES: Alachua/Baker/Bay/Bradford/Calhoun/Citrus/Clay/Columbia/Dixie/Duval/Escambia/Flagler Franklin/Gadsden/Gilchrest/Gulf/Hamilton/Hernando/Hillsborough/Holmes/Jackson/Jefferson/Lafayette/Lake Leon/Levy/Liberty/Madison/Marion/Nassau/Okaloosa/Orange/Putnam/Santa Rosa/St. Johns/Seminole/Sumter Suwannee/Taylor/Union/Volusia/Walton/Washington

Send original application and two sets of plans to:

<u>OUALITY ASSURANCE & TRAINING SPECIALIST</u> Florida Dept. of Agriculture and Consumer Services 450-106 St. Rd. 13 North #118 Jacksonville, FL 32259-3863 Phone: (904) 287-6956

FOR COUNTIES: Brevard/Broward/Charlotte/Collier/Dade/Desoto/Glades/Hardee/Hendry/Highlands/ Indian River/Lee/Manatee/Martin/Monroe/Okeechobee/Osceola/Palm Beach/Pasco/Pinellas/Polk/ Sarasota/St. Lucie/Wakulla.

Send original application and two sets of plans (half size) to:

<u>OUALITY ASSURANCE & TRAINING SPECIALIST</u> Florida Dept. of Agriculture and Consumer Services 3547 53rd Avenue W. - PMB #266 Bradenton, Fl 34210 Phone (941) 358-2866

ADAM H. PUTNAM ADAM H. PUTNAM COMMISSIONER 1. Name of Food Establishment: 2. Food Establishment Address: 3. Owner's Name: 4. Invoice Billing(Name & Add): 5. Contact Person Name:	Florida Department of Agriculture and Co Division of Food Safety PLAN REVIEW APPLICATION AND F Section 500.12(2), Florida Statutes; 5K 4. Phone (850) 245-5520 PLAN REVIEW IS VOLUNTARY <u>DO NOT</u> SUBM YOU SUBMIT PLANS, FEE IS NONREF	EE SUBMISSION 004(8) F.A.C. HT MONEY UNLESS	Make Check or Money Order payable to FDACS and remit to: Florida Department of Agriculture & Consumer Services PO Box 6720 Tallahassee, Florida 32314-6720 Log #: County:
6. Address of Contact Person who will be ha	ndling the plans if different from owner:		
Check appropriate box or Fill in the B 7. Basic Facility Information 8. Water Supply:	New Construction Remodeling Conversion Ot If Remodeling or Conversion give us your Depart Municipal Utility On-site Well Name of	ment of Agriculture Firm Num Municipality:	nber
<i>Prior to opening inspection, provide writ</i>9. Waste Water Disposal:	tten approval for drinking (potable) water from the appropriate (Health or Environmental Protection Departm Municipal Utility Package Plant Septic Plant Name of municipal sewage plant: Grease Trap Size (Gal.)		
10. Solid Waste Disposal (Outside facility) [Indicate where dumpster or gar	tten approval for waste water disposal from the appropriate ages (Health or Environmental Protection Departmread Dumpster Garbage Cans Grease Container bage containers and grease container will be located:		
11. Type of service: (Check all that apply)	Retail food processing Wholesale food processing Package	food retail Package food wholesa	ale
Sit down meals Take out	Meals How many seats	Other:	
12. Proposed menu/items for ready-to-eat for			
13. Proposed food processed: (Attach list if a	necessary)		
14. Describe type of structure (example: stee Note: Construction finish sched	el frame, wood frame) ules of floor, walls and ceiling must be provided on plans.		
Anticipated Construction Start Date:	Completion Date:	Target Date for open	ing Business:
Applicant Name (Print)	Applicant Signature		Date
how to complete this application assistance please call (850) 245-5 <u>IMPORTANT</u> : SEND A COPY OF THIS APPLICATION	N WITH A CHECK OR MONEY ORDER FOR \$55.10 TO: T OF AGRICULTURE & CONSUMER SERVICES	Org Code: 42140301008 Object Code:001228	EO: A2 \$55.10