

# CUYAHOGA COUNTY BOARD OF HEALTH

## FOOD SERVICE OPERATION/ RETAIL FOOD ESTABLISHMENT

### 2025 PLAN REVIEW APPLICATION

All new or extensively remodeled food service operations (FSO) and retail food establishments (RFE) are required to submit prepared plans with specifications to the local board of health for approval before a license can be issued and food can be prepared and served.

The following application must be completed in its entirety, with the appropriate fee, and submitted before plans will be accepted for review. When such plans are accepted by the Board of Health, they shall be acted upon within thirty (30) days of receipt.

#### I. Facility Information

Anticipated Construction Start Date: \_\_\_ / \_\_\_ / \_\_\_      Anticipated Opening Date: \_\_\_ / \_\_\_ / \_\_\_

<b>Facility</b>	<b>Name of Business</b>					
	<b>Street Address</b>			<b>City, Zip</b>		
	<b>Owner</b>			<b>Phone #</b>		
	<b>Email</b>				<b>Total Square Footage (ft<sup>2</sup>):</b>	
	New Construction ( )    Change of Business ( ) Remodel of a Food Business <u>Currently Licensed</u> by the Cuyahoga County Board of Health* ( ) *If a remodel, please describe the scope of the remodel in section VIII on the last page.					
<b>Plans</b>	<b>Contact Name</b>			<b>Phone #</b>		
	<b>Email Address</b>					
	<b>Street Address</b>					
	<b>City</b>		<b>State</b>		<b>Zip</b>	

**TYPE OF OPERATION:**    Bar ( )    Sit down ( )    Take out ( )    Caterer ( )    Retail ( )  
    Child care ( )    Long term care ( )    School ( )    Micro Market ( )

**TYPE OF WATER SUPPLY:**            Community ( )            Non-community ( )

**TYPE OF SEWAGE DISPOSAL:**    Sanitary sewer ( )            Semi-public septic ( )  
    System approved by OEPA? Y or N

## II. Plan Contents Checklist

The plans and specifications submitted to the Board of Health shall be legible, drawn accurately to scale, and on paper at least 11”x 17”. **Note:** In place of paper copies, drawings may be submitted electronically on disc or flash drive, in PDF format.

**WHERE APPLICABLE, ITEMS “A” through “U” LISTED BELOW *MUST BE REPRESENTED IN TWO (2) IDENTICAL SETS OF DRAWINGS SUBMITTED TO THE BOARD OF HEALTH. Check the line next to each letter if applicable. If not applicable indicate with “(n/a)”:***

- A.  Two (2) identical sets of plans or Two (2) discs with PDF formatted drawings
- B.  Floor plan depicting all equipment, fixtures, and general layout of all areas used for food prep (with length x width scale). **All equipment must be commercial-grade.**
- C.  Entrances and exits
- D.  Seating and seating capacity
- E.  Location, number and types of plumbing fixtures, including all water supply facilities
- F.  Location of hot water tank or tankless hot water heater, with capacities
- G.  Direct/indirect plumbing (i.e. air gaps) designation for all plumbing fixtures and equipment drains (i.e. sinks, ice bins, dipper wells)
- H.  Dish machine (high or low temp)
- I.  3 compartment sink with drain boards
- J.  Adequate number of hand sinks in food prep areas and throughout facility
- K.  Food preparation/vegetable washing sink with air gap (required for washing produce)
- L.  Mop/utility sink on same floor as kitchen
- M.  Hand sinks in all restrooms
- N.  Grease interceptor; location, capacity (properly sized per plumbing code)
- O.  Backflow prevention devices (e.g. drink system, ice machine, prep sink)
- P.  All light fixture types and locations (must be  $\geq 50$  foot candles in food prep areas)
- Q.  Building materials and surface finishes to be used, include trade names and manufacturer (see page 5)
  - I.  Floors
  - II.  Walls
  - III.  Ceilings
  - IV.  Base coving
- R.  Ventilation/HVAC specifications
  - I.  Hood for grill line (ANSI approved suppression system)
  - II.  Hood for high temperature dish machines
- S.  All outer openings (windows, doors) are protected from insects and other pests
- T.  Adequate and separate storage space/ shelving for food products, chemicals, disposable products
- U.  Site plan to include building exterior, location of dumpster, and surrounding streets
- V.  Location of facility within a larger building (e.g. a food service in a shopping mall)

### **Other items required for plan review submittal:**

- Menu or food list, including all foods and beverages
- Total area to be used for the food service in square feet
- List of all equipment **including manufacturer’s make and model numbers-not serial numbers (see page 4)**
- Commercial equipment only (no home style equipment is permitted)

### **Plan Review Submittals Requiring a Hazard Analysis Critical Control Point (HACCP) Plan:**

- Acidified white rice (i.e. sushi) Submit HACCP plan
- Fresh Squeezed Juice onsite for retail sale;
  - If Not Pasteurized, provide label sample with Warning Statement
  - If No Warning Label, submit HACCP plan and state variance or pasteurization proof
- Vacuum Packaging (including cook-chill, sous vide). Include Quality Assurance logs (examples - temperature logs, cleaning schedule, illness reporting log) Submit HACCP Plan

**REMINDER: Plans that are missing information will be considered incomplete and the approval process will be delayed. After 30 days, incomplete plans may be disapproved. A new application, fee, and resubmittal of plans will then be required.**

### III. Determining Plan Review Fee for Operation

Will your facility perform any of the following activities (circle “Y” or “N” for each)?

- Y N Process (for example, wash and cut) produce
- Y N Handle, cut, or grind raw meat products
- Y N Cut or slice ready to eat meats or cheeses
- Y N Heat product from an intact sealed package and held hot
- Y N Assemble time/temperature-controlled for safety foods (i.e., refrigerated or hot-held foods) that are immediately served, held hot or cold, but not cooled and re-heated
- Y N Cook time/temperature-controlled for safety foods that are immediately served, held hot or cold, but not cooled and re-heated
- Y N Cook time/temperature-controlled for safety foods that may be cooled and re-heated in bulk quantities more than once per week
- Y N Serve raw time/temperature-controlled for safety menu items
- Y N Transport food as a catering food service

**If you answered YES (Y) to ANY of the above questions, your facility is a Class 3 or 4, and the plan review fee is \$425.00.**

**If you answered NO (N) to ALL of the above questions, your facility is a Class 1 or 2, and the plan review fee is \$345.00.**

**Fee to expedite plan review: Submit an ADDITIONAL \$500.00 to the correct plan review fee to ensure that COMPLETE sets of plans are acted upon by the Cuyahoga County Board of Health within 3 business days (not including holidays).**

**PLAN REVIEW FEE TOTAL \$\_\_\_\_\_**

### IV. Food Safety Education – Must Be Completed *Prior* to Operation of Facility

Ohio Uniform Food Safety Code requires a person in charge with level I food safety training (e.g., person-in-charge training) to be present during all hours of operation. CCBH requires that all new food operations have at least one (1) person per shift with level 1 training.

Ohio Uniform Food Safety Code requires that every class 3 and 4 food business must have at least one (1) managerial or supervisory employee certified in a State of Ohio-approved Level II food safety course (e.g., ServSafe course offered at the Cuyahoga County Board of Health) assigned to it. Food safety courses are offered at private and public institutions. For a schedule of courses offered by CCBH visit [www.ccbh.net](http://www.ccbh.net) or call 216-201-2000.

Please provide course names (e.g, ServSafe, Person in Charge), dates taken, and certificate numbers of trained personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. Equipment

**All equipment must be commercial-grade**, and recognized by a listing agency such as the National Sanitation Foundation (NSF), Intertek Sanitation Testing Services (**ETL-Sanitation**), or UL Sanitation (**UL-SAN, or UL-EPH**). Equipment designed for household use will not be approved. **All equipment must be shown on drawings.**

Complete the equipment table below unless your submittal already contains one with the same information. Make and model numbers of equipment are required. Please do not submit equipment serial numbers, or just write "existing."

#	Equipment Description	Manufacturer	Model Number
Ex.	MICROWAVE	ACME	ABC-123

## VI. Surface Finishes

All room surface finishes on floors, walls and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/vapors, food/wet bars, buffet lines, drink dispensing stations, mop sinks/service sinks, steam tables and areas where food preparation equipment is located must be constructed of smooth, durable, non-absorbent, non-porous, and easy to clean material.

**Examples of acceptable flooring finishes:** Quarry tile, ceramic tile, glazed masonry tile, or commercial-grade vinyl tile; poured seamless epoxy (approved for commercial kitchens); sealed concrete; or other equally durable and impervious material. All floor covering must be laid on a firm foundation with coved floor-to-wall joints. Coving floor-to-wall joints makes cleaning easier and prevents accumulation of food debris, which attract pests.

**Examples of acceptable wall finishes:** Fiber-reinforced panels (FRP); stainless steel or aluminum panels; glazed tile; glazed cement block; drywall coated with high gloss paint, semi-gloss paint, or with epoxy approved for commercial kitchens.

**Examples of acceptable ceiling finishes:** Plastic-coated tiles, plastic laminated panels, drywall painted with high-gloss or semi-gloss paint. Note: Acoustic ceiling tiles or “popcorn”-finished ceilings will not be approved.

Complete the surface finish table below unless your submittal already contains one with the same information.

#	Area	Floor	Coved base	Walls	Ceiling
Ex.	Kitchen	Quarry Tile	Quarry Tile	FRP	Plastic-coated tiles

## VII. Plumbing

## **Ensure all plumbing fixtures and lines are represented in drawings.**

### **Water Supply**

**An adequate supply of running hot water under pressure must be supplied.** Proper hot water tank or tankless hot water heater sizing is determined by the State of Ohio Plumbing Code. Consult your local Building Department for further information.

### **Waste Lines**

All waste lines from three compartment sinks used to wash and sanitize wares which have come into contact with animal products (including meat, poultry, fish, milk, dairy products) **must incorporate a grease trap.** Proper grease trap sizing is determined by the Ohio Plumbing Code. Please consult your local Building Department for further information.

### **Handwashing Sinks**

**Handwashing is the single most effective means of foodborne illness prevention.** Handwashing sinks must be provided for every toilet room, and must not be more than 25 linear feet from the following work stations: Food preparation areas, food preparation areas at buffets (e.g., omelet stations), food dispensing, and warewashing areas. **Additional, handwashing sink(s) must be provided whenever this distance is broken by a threshold with a door, high traffic areas, or handwashing is not easily accessible for other reasons.**

All handwashing sinks must be equipped to provide water at a temperature of at least 100 °F, soap, hand drying provisions such as a hand dryer or disposable paper towels, handwashing signage and a trash can.

Splash guards are required on handwashing sinks next to food preparation surfaces, food prep sinks, 3-compartment sinks, single-use articles, adjacent food contact surfaces or food storage shelves.

**Will your facility be in compliance with the requirement that handwashing sinks will be provided within the parameters as described above, and that warewashing sinks, mop sinks, and food preparation/vegetable sinks will not be provided with hand washing provisions?**

( ) Yes    ( ) No

### **Food Preparation Sinks**

**Washing produce requires that a food prep/vegetable sink with an air-gapped drain be installed.** Drains with air gaps prevent the backflow of sewage from waste lines into the basin of sinks, which could potentially contaminate any produce within, and lead to foodborne illness. **See page 7 for further information.**

### **Three-Compartment Sinks and Commercial Dish Machines**

Properly setup three-compartment sinks and commercial dish machines allow the safe re-use of non-disposable wares (for example, pots, pans, plates, cups, and utensils).

**Backflow Prevention**

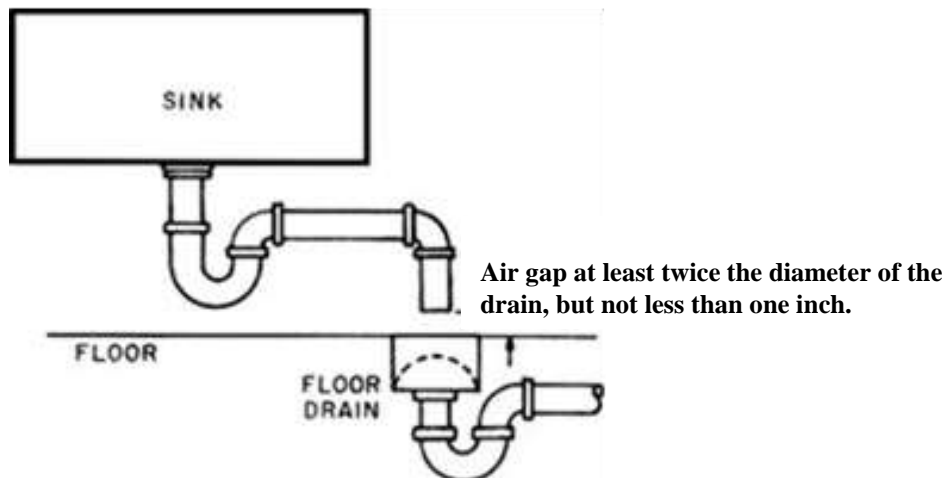
Will the potable water supply be protected from cross-contamination? An air gap at least twice the diameter of the drain pipe is required to prevent cross-contamination.

Indicate on the table below which method of backflow prevention will be provided:

Equipment	Air Gap At Least Twice Diameter of Drain Pipe	ASSE Backflow Prevention Device	Not Applicable
Walk- in Freezer Condensate Line			
Walk- in Cooler Condensate Line			
Cold Pan/Table			
Buffet			
Steam Table			
Steamer			
Combi Oven			
Tilt Skillet			
Water Filler			
Urn Filler (Coffee/Tea)			
Kettle Filler			
Dipper Well			
Three-compartment Sink			
Warewash Sprayer Hose			
Dish Machine			
Ice Machine Bin			
Ice Machine Inlet			
Blender Station			
Beverage Station			
Drip Tray			
Soda Station Inlet			
Coffee Water Inlet			
Food Prep/Vegetable Sink			
Mop Sink Hose			
Multiflow Dispenser (soda gun)			

**Note:** Consult the most current State of Ohio Plumbing Code and your local Building Department for further information and/or requirements.

**Example of an indirect drain with air gap:**



## VIII. Scope of Remodel

Modeling a food business currently licensed by the Cuyahoga County Board of Health, briefly describe the scope of the remodel, including all affected areas of the facility (Note: All outstanding violations cited by CCBH must be corrected as part of the scope of any remodel):

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## IX. Signature

I am submitting a complete plan review packet, including two sets of identical plans, all required information, and the appropriate fee as determined above.

I understand that incomplete plans will delay the opening of my facility.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reminder- A complete plan review packet must include:

1. Completed application
2. Two complete and identical sets of plans
3. Complete menu, including beverages
4. Appropriate fee

Submit 2 sets of plans with this application and appropriate fee to:

Cuyahoga County Board of Health  
5550 Venture Drive  
Parma, OH 44130