



# APPLICATION FOR PLAN REVIEW

State Form 50033 (R/9-01)

Indiana State Department of Health  
Food Protection Program

Please complete the following, as is applicable to the retail food establishment.

**Owner/Corporation Information:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Engineer/Architect Information:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Establishment Information:**

(Check one)  New Construction  Existing/Remodel Project #: \_\_\_\_\_  
Establishment Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Establishment Telephone #: \_\_\_\_\_ Contact Person Telephone #: \_\_\_\_\_  
Establishment Mailing Address: \_\_\_\_\_  
Establishment Street Address: \_\_\_\_\_  
Water Supply:  Public  Private Sewage Disposal:  Public  Private  
♦ If private, do you have approval from appropriate regulatory authority?  YES  NO  
Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Contents and Specifications for Facility and Operating Plans as required in Section 431 of 410 IAC 7-20:

(Please check items submitted for review)

- Intended menu (What do you intend to serve?)
- Anticipated volume of food to be stored, prepared, and sold or served.
- Proposed layout, mechanical schematics, construction materials, and finish schedules.
- Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-20 are developed or are being developed.

**Note:** Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

**Additional Information:**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Relationship to Project)

\_\_\_\_\_  
(Date Signed)

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.