



**Application for PLAN REVIEW**  
**Clark County Health Department**  
1201 Wall Street  
Jeffersonville, IN 47130  
812-282-7521

**Public Health**  
Prevent. Promote. Protect.

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: \_\_\_\_\_  
Projected Date for Start of Project: \_\_\_\_\_  
Projected Date for Completion of Project: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

**Contents and Specifications for Facility and Operating Plans as required in Section 481 of 410 IAC 7-26:**

(Please check items submitted for review)

- ☐ Proposed menu (including seasonal, off-site and banquet menus).
- ☐ 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 7-26 are developed or are being developed.
- ☐ Plan review questionnaire completed and submitted to the regulatory authority.

**Note:**

Other information 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.**