



Health
Department

Environmental Health Services Division
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FOOD SERVICE ESTABLISHMENT PLAN SUBMITTAL INSTRUCTIONS

The Michigan Food Law (Act 92 of 2000, as amended) and the Michigan Modified 2009 FDA Food Code requires that:

When a *food service establishment** is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food service establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval **before** construction, remodeling, or alteration is begun.

To prevent possible delays in the review process, all of the following items must be completed and compiled into a single package and submitted to this department. For further information, see the plan review manual.

1. Application

2. The plan review fee:	Full	\$679.00
(2022)	Each Additional Identical Plan Submitted Simultaneously	\$109.00
	Partial	\$339.00

3. Completed Plan Review Worksheet - available at www.michigan.gov/mdard
keyword: food plan review - industry

4. Menu

If your facility does not have a formal, set menu, such as a school with a rotating menu, submit representative sample menus or a list of foods offered for sale or service.

5. Standard Operating Procedures (SOP's)

SOP's specific to your operation shall be submitted. Approval of these procedures by the Health Department is required prior to approval to operate.

6. One (1) complete set of plans drawn to scale. Show:

- Proposed layout, with all equipment identified. Label sinks and prep tables with their intended use.
- Plumbing: hand sinks, food preparation sink, dishwashing sinks and machines, water supply piping, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks.
- Construction materials of such items as custom cabinets and any other built-in items.
- Interior room finish schedules.
- Lighting plan, indicating which lights are shielded.
- Site Plan, including details of outside garbage storage areas, exterior storage areas and on-site water well and sewage disposal system data (if applicable).

**Food service establishment* means a fixed or mobile restaurant, coffee shop, cafeteria, short order café, luncheonette, grill, tearoom, sandwich shop, soda fountain, tavern, bar cocktail lounge, nightclub, drive-in, industrial feeding establishment, private organization serving the public, rental hall, catering kitchen, delicatessen, theater, commissary, food concession, or similar place in which food or drink is prepared for direct consumption through service on the premises or elsewhere, and any other eating or drinking establishment or operation where food is served or provided for the public." [Act 92 of 2000, Sec. 1107(n)]

7. Specifications

- Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (Note: the manufacturer's specification or "cut" sheet typically provides most of this information):
 - Type
 - Manufacturer
 - Model number
 - Dimensions
 - Performance capacity
 - Indicate how equipment will be installed (i.e. on wheels, fixed, or flexible utility connections)
 - Indicate which items are used equipment and what equipment is NSF approved or equivalent.
 - Sanitation Standard Operating Procedures (SSOP's). Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

Approvals, modifications, or denials will be conveyed to you in a letter in approximately two to three workweeks. All plans and revisions are reviewed on a first come first serve basis. Therefore, it is recommended that revisions be submitted in a timely manner. Be sure that all contractors, sub-contractors, etc. are made aware of corrections, stipulations and recommendations.

Your establishment may not open for business and remodeled areas may not be used until an opening inspection is conducted and approval to operate is granted by this department. The following documentation must be provided before an opening inspection will be scheduled:

- A completed and paid application for a food service establishment license
- Verification of final approval by mechanical inspector (if applicable)
- A copy of the PIC Food Safety Manager Certification and allergen training

Contact this department at least 48 hours (two workdays) in advance for the required opening inspection. If you are remodeling an existing food service establishment you are required to obtain a final inspection when construction/installation has been completed. Schedule the required inspection 48 hours (two workdays) after completion of construction. **You must contact this department promptly if there are any changes or revisions to the approved plans, building, equipment, installation or menu. It may be necessary to submit revised plans for review.**

PLEASE NOTE: ONCE PLANS HAVE BEEN RECEIVED AND REVIEWED, REFUND REQUESTS WILL NOT BE PROCESSED.

For reference, you can access the Michigan Modified 2009 Food Code:

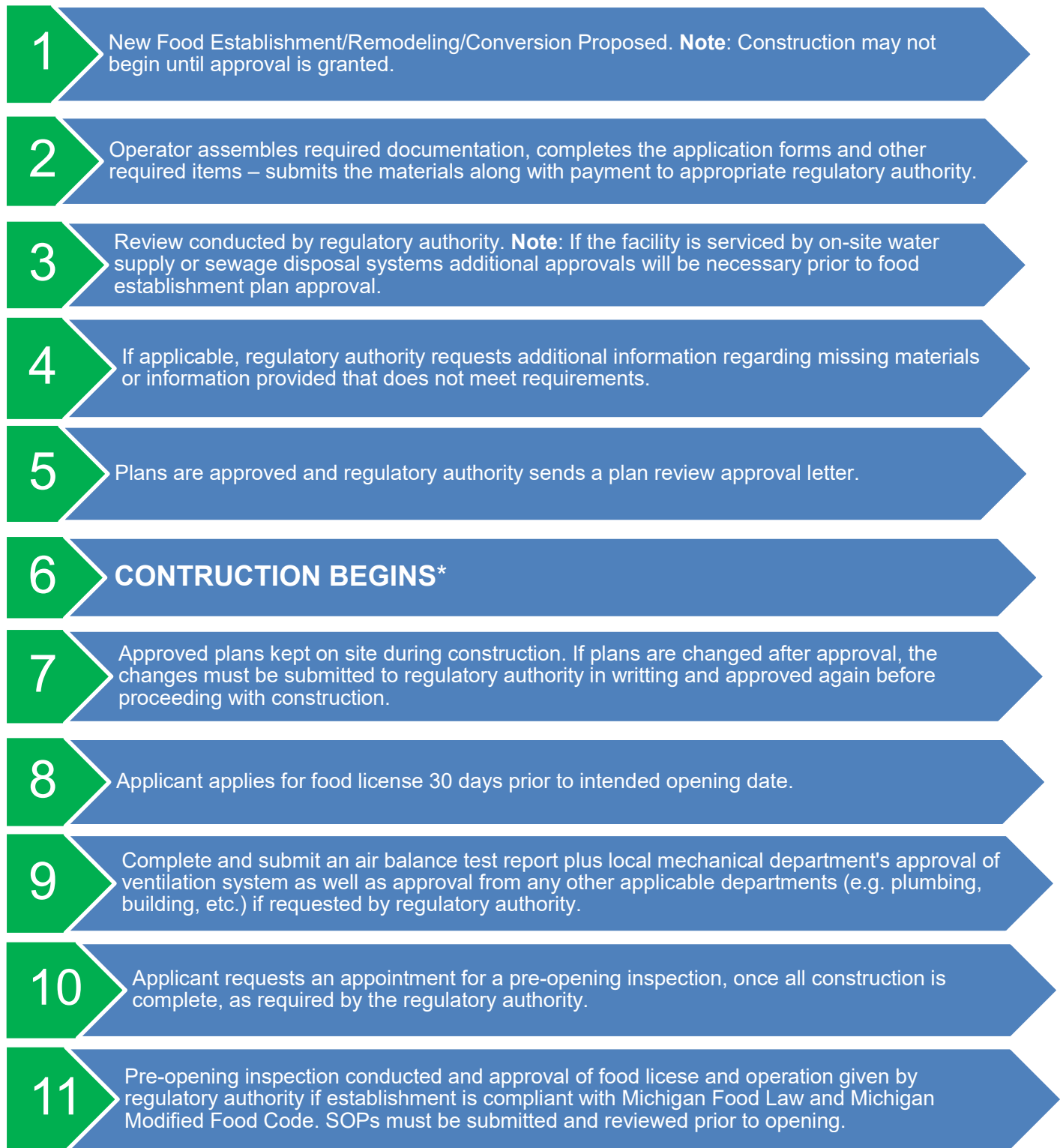
http://www.michigan.gov/documents/mdard/MI_Modified_2009_Food_Code_396675_7.pdf

Fillable forms can be found @ MDARD link:

https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

Should you have any questions regarding plan submission requirements or opening procedures, please contact this department at (586) 469-5236.

FOOD ESTABLISHMENT PLAN REVIEW PROCESS



*Regulatory agency has authority to issue a stop work order when construction begins before plans are approved.



Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____

Prior Establishment Name: _____

<p style="text-align: center;">Owner</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;">Food Service Equipment Supply Co.</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>
<p style="text-align: center;">Architect</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;">General Contractor</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>

***Please complete each line of the above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: _____

Which of the above should all correspondence be mailed to: _____

Proposed start date of construction: Building _____ Food preparation/storage areas _____
(e.g. Kitchen)

Proposed opening date: _____

For reviewing agency use only:

Fee \$: _____ Check #: _____

Date: _____ Receipt#: _____

Plan Review #: _____ Assigned to: _____

Remarks: _____

General Information

Hours of Operation: _____

Seating Capacity (include bar & outdoor): _____ Facility Size (square feet): _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for a (mark one): New Establishment Remodeling Conversion Partial

What describes the establishment better (mark one): On-site Food Preparation Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.): Yes No

If yes, explain: _____

Type of Operation/Food Service (mark all that apply)

- | | | | |
|--------------------------------------------------|---------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Church | <input type="checkbox"/> Bottling alcoholic beverages
(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Full service with bar | <input type="checkbox"/> Catering | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Repackage (e.g. nuts) |
| <input type="checkbox"/> Bar with food prep. | <input type="checkbox"/> School | <input type="checkbox"/> Commissary | <div style="border: 1px solid black; padding: 2px;">List food:</div> |
| <input type="checkbox"/> Bar with no food prep. | <input type="checkbox"/> Produce | <input type="checkbox"/> Counter service | |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar | <div style="border: 1px solid black; padding: 2px;">List food:</div> |
| <input type="checkbox"/> Fresh meat | <input type="checkbox"/> Hospital | <input type="checkbox"/> Wholesale foods | |
| <input type="checkbox"/> Seafood/fish | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Tableside/display cooking | <input type="checkbox"/> Processor (e.g. cured meats,
juice, sushi, slaughter, etc.) |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice production/packaging | <div style="border: 1px solid black; padding: 2px;">List food:</div> |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Brewery | <input type="checkbox"/> Hotel | |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling | <input type="checkbox"/> Kiosk | |
| <input type="checkbox"/> Tasting room | | | |

Please summarize the proposed project including:

- A description of the construction to take place
- A description of equipment to be added or removed
- An overview of the proposed operation

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____