



KENDALL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH UNIT
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 www.kendallhealth.org

FOR OFFICE USE ONLY

PLANS REC'D: ____/____/____	INITIALS: _____	FEE PAID:\$ _____
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT	<input type="checkbox"/> CHECK # _____ INVOICE# _____

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

I. INFORMATION:

- A full set of plans (physical and electronic format) drawn to scale with all equipment labeled, manufacturer's specification sheets, a proposed menu, and the plan review fee **must** be submitted with this form.
- Plans must receive written approval **prior** to the start of construction.
- Allow 15 business days for initial review once complete application is received.

Establishment Name _____

Address _____ City _____ Zip _____

Owner _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ E-mail _____

Project Contact _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ E-mail _____

Architect _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ E-mail _____

Contractor _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ E-mail _____

Equipment _____ Phone _____

Address _____ Fax _____

City _____ Zip _____ E-mail _____

Signature of Owner or Authorized Agent

Date

Risk Based Classification System

Retail food establishments have a certain potential for causing foodborne illness based on the operations and procedures which occur at the establishment. The factors most often implicated in foodborne outbreaks are clearly documented by the Centers for Disease Control and Prevention: preparing foods far in advance, inadequate cooling and reheating, incomplete cooking, cross contamination, hand contact with ready-to-eat foods, etc. Establishments which employ a greater number of these procedures in their normal operation have a greater relative risk or potential for causing foodborne illness even if they have all these factors under control. The **risk based classification system** for food establishments allows the Health Department to assign resources to facilities which have a greater need for oversight and continuing education.

Each retail food establishment is assigned a risk classification which is used to determine the frequency of inspection and corresponding permit fee. The risk classification is re-evaluated annually and adjusted accordingly. The following criteria are used to determine the risk classification for each retail food establishment.

✓ **Please check all that apply to your proposed facility:**

High Risk Food Handling Activities

- Cooling of potentially hazardous foods
- Preparing and holding hot/cold foods far in advance (>12 hrs. prior to serving)
- Extensive handling of raw ingredients and hand contact with ready-to-eat foods
- Reheating of foods previously cooked and cooled
- Preparation of foods for off-site service
- Vacuum packaging and other forms of reduced oxygen packaging
- Serving immuno-compromised individuals (children under the age of 4 and/or the elderly)

Medium Risk Food Handling Activities

- Preparing foods from raw ingredients using minimal assembly
- Hot/cold food holding is restricted to same day service
- Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from an approved food processing establishment

Low Risk Food Handling Activities

- Food service restricted to pre-packaged foods
- Potentially hazardous foods are commercially pre-packaged in an approved food processing establishment
- Limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages

Plan Review Fee Schedule (based on total square footage of facility = _____ ft²)

(*Fees subject to change, consult sanitarian for current fee schedule.)

Square Footage	Type I Low Risk	Type II Medium Risk	Type III High Risk
1500 square feet or less	\$300.00	\$400.00	\$450.00
1501 to 3000 square feet	\$350.00	\$450.00	\$500.00
3001 to 5000 square feet	\$450.00	\$550.00	\$550.00
5001 square feet or larger	\$550.00	\$650.00	\$650.00

✓ **Check the appropriate Building and Zoning Governing Board and contact them for their approval requirements:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Kendall County
Planning, Building &
Zoning
(630) 553-4141 | <input type="checkbox"/> Village of Millbrook
Kendall County Planning,
Building & Zoning
(630) 553-4141 | <input type="checkbox"/> Village of Oswego
Building Department
(630) 554-2310 |
| <input type="checkbox"/> City of Joliet
Building Department
(815) 724-4070 | <input type="checkbox"/> Village of Montgomery
Building Department
(630) 896-8080 | <input type="checkbox"/> City of Plano
Building, Planning & Zoning
(630) 552-8425 |
| <input type="checkbox"/> Village of Lisbon
Kendall County Planning,
Building & Zoning
(630) 553-4141 | <input type="checkbox"/> Village of Newark
Kendall County Planning,
Building & Zoning
(630) 553-4141 | <input type="checkbox"/> City of Sandwich
Building Department
(815) 786-6321 |
| | | <input type="checkbox"/> City of Yorkville
Building Department
(630) 553-4350 |

✓ **Check the appropriate Sanitary District and contact them for their approval requirements:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Fox Metro Water
Reclamation District
(630) 892-4378 | <input type="checkbox"/> City of Plano
Treatment Plant
(630) 552-8007 | <input type="checkbox"/> City of Joliet
Sewer Maintenance
(815) 724-4220 |
| <input type="checkbox"/> Yorkville-Bristol S. D.
(630) 553-7657 | <input type="checkbox"/> City of Sandwich Public
Works (815) 786-8552 | <input type="checkbox"/> Village of Newark S.D.
(815) 695-5613 |

Note: The sections in this document correspond with the sections of KCHD's Food Service Design & Construction Manual. Reference page numbers are indicated at each section heading for your convenience.

II. EQUIPMENT (pages 7-11)

✓ **Check your response to each:**

- Do your plans include a walk-in cooler? YES NO
- Do your plans include a buffet or salad bar? YES NO
**If yes, the buffet/salad bar must be mechanically temperature controlled and self draining.*
- Do your plans indicate that all floor mounted cook line and prep equipment will be installed on casters? YES NO
- Do your plans indicate that all table-top equipment over 75 pounds will be installed on four (4) inch legs? YES NO
- Do your plans include a food preparation sink complete with an integral drain board? YES NO
- Do your plans include an ice machine? YES NO

Does your menu include any special processes such as reduced oxygen packaging, curing or smoking for preservation, juicing or sushi rice (to be held at room temperature).
**HACCP plan may be required.*

N/A YES NO

III. REFRIGERATION (pages 11-13)

✓ **Check your response to each:**

Do your plans include refrigerated space designated for:

cooling large quantities of food N/A YES NO

marinating food product N/A YES NO

separating meats and other foods N/A YES NO

special events, large volumes of food N/A YES NO

Note: All refrigeration units must be supplied with an interior thermometer.

IV. STORAGE (pages 13-15)

STORAGE CALCULATIONS

*Total area = wall to wall dimensions	
Total kitchen area _____ ft ² x .25 required dry storage = _____ ft ² required	
Actual kitchen dry storage proposed = _____ ft²	
Total bar area _____ ft ² x .10 required dry storage = _____ ft ² required	
Actual bar dry storage proposed = _____ ft²	

✓ **Check your response to each:**

Do your plans include commercial grade NSF approved shelving for **ALL** areas of the facility? YES NO

Do your plans include storage areas for food, beverages, and ware? YES NO

Do your plans include a storage area for your cleaning supplies separate from the food and food service operations? YES NO

Do your plans specify a **heavy duty** mop rack capable of holding wet mops over the mop sink? YES NO

Do you plan to use firewood as a fuel source for cooking equipment? YES NO

**If yes, specify the storage location of firewood:* _____

Note: Firewood must be stored separate from the food storage and food service operations and additional measures must be taken to prevent rodent and insect infestations.

V. EMPLOYEE AREAS, RESTROOMS & HAND WASHING SINKS (pages 15-17)

✓ Check your response to each:

EMPLOYEE AREA:

Indicate the maximum number of employees per shift _____

Have you shown the location on your plans for the storage of personal belongings? YES NO

Indicate which you have provided for each employee: Coat hooks Lockers Other: _____

REMINDER: Break area, office, dressing room, and personal belonging areas cannot be located in areas of food/utensil storage, preparation, food service or dish areas.

RESTROOMS:

Have you provided the number of toilets/facilities as required by the Illinois State Plumbing Code and verified with the local Sanitary District or local Building Department? YES NO

Can the public access the restrooms without going through the kitchen, storage area, or ware washing area? YES NO

Are the rooms mechanically vented to the outside? YES NO

Will you provide garbage containers with lids to each room? YES NO

HAND WASHING SINKS:

Will you provide a hand washing sink easily accessible* to each work station? YES NO

Are all hand washing sinks supplied with wall mounted hand soap? YES NO

Are all hand washing sinks supplied with wall mounted, dispensed paper towels? YES NO

VI. PLUMBING (pages 17-21)

✓ Check your response to each:

What type of water supply will be provided? Public Private

Is public sewer provided? YES NO

What type of grease interceptor do your plans include? Outdoor Indoor Recessed

What size grease interceptor have you specified? _____

What size hot water heater have you specified? _____

What type of janitorial sink will be provided?

- Pre-fabricated floor basin Laundry tub Wall mounted slop sink

Do your plans include a garbage grinder*? YES NO

**If yes, see diagram on page 28 for installation requirements.*

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment.

✓ **Check all equipment that applies to your proposed facility:**

- chemical mixing system toilet/urinal carbonator
 dishwashing machine garbage grinder pre-rinse sprayer
 water faucet w/hose attachment other _____

INDIRECT OPENSITE WASTE CONNECTIONS are required on the following pieces of equipment.

✓ **Check all equipment that applies to your proposed facility:**

- deli cooler clean out drain walk-in cooler drain buffet line
 refrigerator/freezer condensation line steam table salad bar
 three/four compartment sink ice maker/ice bin steam kettle
 food preparation sink dipper well soda dispenser
 dish washing machine other _____

VII. SANITIZING EQUIPMENT AND FACILITIES (pages 21-23)

MANUAL WARE WASHING

✓ **Check your response to each:**

Do your plans include a standard 72 inch or larger food service three compartment sink with two integral drain boards? YES NO

Is your largest ware able to be submerged at least ½ way into the three compartment sink? YES NO

Do you have a clean-in-place procedure for stationary equipment? YES NO

Do your plans indicate additional space for the storage of clean ware? YES NO

MECHANICAL WARE WASHING*

**If not applicable, proceed to the next section.*

Do your plans include a dishwashing machine? YES NO

Do your plans include a soiled-dish table? YES NO

Do your plans include a pre-rinse sink? YES NO

Do your plans include a clean-dish table? YES NO

Do your plans include mechanical ventilation for the dish machine? YES NO

HOT WATER SANITIZING MACHINE*

**If not applicable, proceed to the next section.*

Do your plans include a hot water sanitizing machine? YES NO

Have you specified a temperature gauge before the booster heater? YES NO

CHEMICAL SANITIZING MACHINE*

**If not applicable, proceed to the next section.*

Have you specified an audible and visual warning indicator on the sanitizer dispenser? YES NO

Do your plans include a location for air drying wares? YES NO

VIII. LIGHTING (pages 23-24)

✓ **Check your response to each:**

Have you specified fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? YES NO

Are all of your light fixtures over food preparation, display, service, storage, & ware washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatterproof bulbs? YES NO

IX. LAUNDRY FACILITY (page 24)

✓ **Check your response to each:**

Do your plans include a washer*? YES NO
**If yes, a dryer is also required.*

Is your laundry facility separated by a door from the food service operation? YES NO

Do your plans include shelving to keep clean linens stored separately from soiled linens? YES NO

X. ROOM & AREA FINISHES (pages 24-29)

✓ **Check your response to each:**

Note: *Specific brand names and colors for materials should be specified whenever possible to ensure acceptability.*

FLOORING: What do your plans specify as the floor finish throughout the establishment?*

- commercial grade vinyl composite tile
- quarry/porcelain tile
- poured flooring system (must submit specification sheet for approval)

* If flooring is not consistent throughout establishment, list areas that differ from the main kitchen area and what type of flooring will be provided: _____

Note: *Walk-in units must have stainless steel or quarry tile flooring.*

BASE COVING: What do your plans specify as the base cove throughout the establishment?

- 3/8 inch minimum radius vinyl coving
- 3/8 inch minimum radius quarry/porcelain tile coving
- contiguous cove with poured flooring system

* If base cove is not consistent throughout establishment, list areas that differ from the main kitchen area and what type of base cove will be provided: _____

WALLS: What do your plans specify as the wall finish throughout the establishment?

PREPARATION, DISHWASHING, INTERIOR BAR, and JANITORIAL STATIONS:

- fiberglass reinforced paneling
- porcelain tile
- quarry tile

COOKLINE:

- stainless steel
- porcelain tile
- quarry tile

DRY STORAGE:

- fiberglass reinforced paneling
- porcelain tile
- quarry tile
- painted drywall (epoxy based light colored paint)

CEILING: What do your plans specify for the ceiling finish throughout the establishment?

- vinyl clad gypsum board panels
- painted drywall (epoxy based light colored paint)

Note: *Employee restrooms must meet the minimum finish requirements.*

XI. INSECT AND RODENT CONTROL (pages 30-31)

✓ **Check your response to each:**

Will you hold a contract with a professional pest control operator? YES NO

Are all vents covered with 18 gauge or better mesh screening? YES NO

Are all voids and gaps around utility lines, pipes, etc. sealed? YES NO

Are all operable windows properly screened? YES NO

Do your plans specify a brush-type door sweep for all exterior kitchen doors? YES NO

Have you provided a self-closing device for all exterior doors? YES NO

Is the garbage area more than 20 feet from the facility's door? YES NO

Do you have: drive-through window(s) walk-up window(s)
 delivery/docking door(s)* automatic customer door(s)*

The type(s) of protection provided for your windows/doors: spring loaded bump pad
 electric eye opener
 air curtain

Note: items marked with an asterisk (*) are required to include an air curtain with installation.

Air Curtain Manufacturer _____ Model # _____

Reminder: A combination is strongly recommended. Daylight is not to be observed around the door.

XII. GARBAGE AND REFUSE DISPOSAL (pages 31-32)

✓ **Check your response to each:**

Type of disposal provided: dumpster(s) exterior grease container(s)
 compactor interior self-contained system for grease
 recycling container

Type of surface under disposal containers: concrete pad machine laid asphalt

XIII. COOKLINE EXHAUST HOOD VENTILATION (pages 32-35)

Note: *The manufacturer's specifications for all ventilation/hood equipment must be attached.*

✓ **Construction and Criteria Checklist: Please check all requirements that are met.**

- The hood is constructed of stainless steel.
- The maximum distance between the bottom edge of the hood and the floor is seven (7) feet.
- The maximum height of the bottom edge of the hood above the cooking surface is four (4) feet.
- The minimum height of the hood itself is twenty-four (24) inches.
- The minimum static pressure is one-half (1/2) inch.
- Hoods located less than eighteen (18) inches from the ceiling or wall must be closed with approved material to the ceiling and wall.
- The minimum distances between the lowest edge of a baffle or extractor and the cooking or heating surface are three (3) feet for exposed or unexposed flame units and four (4) feet for charcoal.
- A minimum of fifty (50) foot candles of light is provided in the hood, measured six (6) inches above the cooking surface. Protective light globes are provided on lighting.
- Fire suppression tanks are not located over sinks or food preparation equipment.
- Horizontal runs of exposed piping or fusible links of the fire protection system below the filter bank in the hood or the make-up air plenum are not present. Exposed piping/conduit on the exterior of the exhaust hood is spaced one-half (1/2) inch to one (1) inch away from all surfaces.
- Fire suppression piping is of easily cleanable material such as stainless steel or chrome.
- Plumbing and electrical conduit is concealed behind the wall.
- Exposed gas lines are elevated to at least six (6) inches above the finished floor and spaced one-half (1/2) inch to one (1) inch away from all surfaces.
- Obstructions such as shelving or pot racks are not installed between the cooking equipment and the ventilation filter bank.
- Air intakes are located at least ten (10) feet away from any exhaust outlet or vent.
- Insulation is not applied on the interior of the ductwork.
- All gas lines are vinyl coated quick disconnect lines, and elbow at the wall.