APPLICATION FOR PLAN REVIEW



WABASH COUNTY HEALTH DEPARTMENT 89 W HILL ST **MEMORIAL HALL** WABASH IN 46992-3184

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

Owner/Corporation Information:	Engineer/Architect Information:		
Name:	Name:		
Contact Person:	Contact Person:		
Telephone Number:	Telephone Number:		
Mailing Address:	Mailing Address:		
Establishment Information:			
(Check one) New Construction Existing/Remodel Project #:			
Establishment Name:	cisting/Remodel Project #:		
Contact Person:			
Establishment Telephone #: Contact Person Telephone #:			
Establishment Mailing Address:			
Establishment Street Address:			
Projected Date for Start of Project:	<u> </u>		
Hours of Operation:	Days of Operation:		
Contents and Specifications for Facility and Operating Plans a	as required in Section 110 of 410 IAC 7-24:		
(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 7-24 are developed or are being developed. Plan review questionnaire completed and submitted to the regulatory authority.			
		Note:	egulatory authority for the proper review of the proposed
		construction, conversion or modification, and pro	egulatory authority for the proper review of the proposed scedures for operating a retail food establishment.
Additional Information:			
Comments:			
	(Signature of Applicant)		
	(Relationship to Project)		
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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.