



Detroit Health Department  
 Environmental Health  
 100 Mack Ave, Room 311  
 Detroit, Michigan 48201

Phone 313•876•0135  
 Fax 313•877•9262  
 www.detroitmi.gov/health

## Fixed Food Service Establishment Plan Review Intake Form

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ BLD # (if assigned): \_\_\_\_\_

√	Item	Description	Office Use Only
	Plan Review Fee	Seating # _____ 0-50 seats: <b>\$1,000</b> 51-100 seats: <b>\$1,150</b> 101+ seats, including banquet halls and commissaries: <b>\$1,550</b> Partial, addition of equipment/renovation: <b>\$575</b>	
	Plan Review Application	Provide a detailed summary (what work will be done) of the proposed project, and complete contact information.	
	Plan Review Worksheet	Each item needs to be completed <b>or marked as N/A</b> . Provide as much detail as possible.	
	Site Plan	Provide an overall site plan(s). Show streets, sidewalks, parking, garbage areas, recycling areas, or any other storage, and patio(s) (if applicable)	
	Food Service Equipment Plan	Provide <b>scaled</b> floor plan(s) of the entire facility. Must show location of all food service equipment (i.e. sinks including drain boards, refrigeration, cooking equipment, countertop equipment, shelving, trash cans, etc.), storage areas, janitor closet, restrooms, water heater, basement, etc. *Plans showing mechanical, plumbing, electrical, room finishes, and elevations are helpful but are not required.	
	Equipment Specification Sheets	Provide the manufacturer's equipment specification for EACH piece of food service equipment including hot water heater, refrigeration units, cooking equipment, countertop appliances, etc. *The cut sheets should be labeled to correspond to the equipment number shown on the equipment plan.	
	Menu	Provide a detailed menu with item descriptions. Include beverage, brunch, children's, happy hour or specials, and banquets or catering menus (if applicable) *Provide the proper consumer advisories where needed.	
	Standard Operating Procedures (SOP's)	See the SOP Cover Sheet for a list of SOP's that are required. SOP's should be written in detail to show exactly what is being done in the facility. The SOP's MUST be specific to the proposed operation. *Please do not turn in generic SOP's or a copy from a different establishment.	
	Certifications	Food protection manager certification from an American National Standards Institute (ANSI) approved course. Allergens training certification (unless exempt) *May be submitted later, prior to opening.	

Receivers Initials \_\_\_\_\_ Plan Review # \_\_\_\_\_