



# APPLICATION FOR PLAN REVIEW

State Form 50033 (R2/6-05)  
Indiana State Department of Health  
Food Protection Program

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 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:**  
 Other information that 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.**