

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Interim State Surgeon General

Vision: To be the **Healthiest State** in the Nation

PLAN REVIEW APPLICATION

FOOD/BAR SERVICE FACILITY

Each plan submitted must be accompanied by a completed plan review application. Plans **MUST** be drawn to scale. Please submit application and plan to DOH-Pinellas, 8751 Ulmerton Rd, Largo, FL 33771

Total **Capacity** (seats): _____

1) Establishment Name:

2) Establishment Location (address, city & zip):

3) Owner Name:

4) Owner Phone Number:
(_____) _____ - _____

5) Owner Address:

6) Contact Person (if different from owner):

7) Contact Person Phone Number:
(_____) _____ - _____

8) E-Mail: _____

9) Types of food to be prepared and served:
(Attach a separate menu if needed)

I request a normal plan review (\$40.00 per hour, typically 1 hour) to be completed within 20 business days of submittal

I request an expedited plan review to be completed within 4 business days of submittal at \$80.00 per hour

9) Reason for Plan Submittal:

New Construction/New Permit
 Change of Ownership
 Transfer from DBPR/DACS
 Remodeling

10) Proposed Waste Water Disposal:

Septic Tank System
 Package Sewer Plant
 City/County (municipal) Sewer

11) Size and Location of Grease Trap:
(if applicable)

12) Proposed Water Supply:

On-site private well
 City/County (municipal)

Signature Owner/Contact Person:

Date of Submittal:

Date of Project Completion:

PLEASE SEE PAGE THREE OF THE INSTRUCTIONS FOR PAYMENT OPTIONS.