

**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**  
Surgeon General and Secretary

**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.**