

WEBER-MORGAN HEALTH DEPARTMENT

477 23RD STREET, OGDEN, UTAH 84401

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FAX: 801-399-7168

FOOD ESTABLISHMENT PLAN REVIEW FORM

Prior to our review, the required \$132.00 fee for the plan review and the pre-opening inspection must be paid, (includes 2 hours of review plus \$66 per hour after). An accurate and detailed plan and specification document is most important and critical for the proper construction and operation of your establishment.

Please take your time and fill out the following pages in detail, with accuracy, and completely, including the finish schedule and the equipment installation list. Notations of "see plans" will not be accepted. Your application will be returned if the requested information is not provided.

DATE: _____ DATE OF PLANNED OPENING: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

PARTY TO RECEIVE CORRESPONDENCE: _____

ESTABLISHMENT ADDRESS: _____

(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

CONTRACTOR: _____

ESTABLISHMENT ADDRESS: _____

(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

ARCHITECT: _____

ESTABLISHMENT ADDRESS: _____

(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

OWNER: _____

ESTABLISHMENT ADDRESS: _____

(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

SERVICE TYPE: (Circle all that apply)

FULL SERVICE FAST FOOD TAVERN INSTITUTION CONVENIENCE OTHER: _____

NEW ESTABLISHMENT REMODEL MENU ATTACHED

POWER SOURCE (PUBLIC OR PRIVATE) WATER SOURCE (PUBLIC OR PRIVATE) SEWAGE SERVICE (PUBLIC OR PRIVATE)

SEATING CAPACITY: _____ INDOORS: _____ OUTDOORS: _____