

WEBER-MORGAN HEALTH DEPARTMENT
477 23RD STREET, OGDEN, UTAH 84401
TELEPHONE: 801-399-7160
FAX: 801-399-7168

FOOD ESTABLISHMENT SPECIFICATIONS FORM

An accurate and detailed plan and specification document is most important and critical for the proper construction and operation of your establishment. Prior to our review, the required fee for the plan review and the pre-opening inspection must be paid. Fees are dependent on facility risk category, menus must be submitted at time of application.

Risk Categories: (1) \$350, (2) \$550, (3) \$850, (4) \$950

Please take your time and fill out the following page 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: _____