



Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID: _____

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel of Existing Structure <input type="checkbox"/> Reactivation			
General Information	Establishment Name:		Date
	Plan Review Contact Name		
	Phone Number	Email	
	Address		
	Operating Days/Hours	Proposed Opening Date	

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction**. Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST *(Include the following in your packet)*

- | | |
|---|---|
| <input type="checkbox"/> Food Establishment Application | <input type="checkbox"/> Floor Plan |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Plumbing Schematic |
| <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Complete list of equipment (including manufacturer's specifications) |

SECTION B – REQUIRED DOCUMENTATION

- a. **Potable Water Supply.** Have plans been submitted to the [Drinking Water Program](#) as required by 18 AAC 80?
 Yes* No N/A (Municipal Water Supply) *Specify in comments.*
 Comments:

**Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.*
- b. **Wastewater Disposal System.** Have plans been submitted to the [Wastewater Program](#) as specified by 18 AAC 72?
 Yes* No N/A (Municipal System) *Specify in comments.*
 Comments:

**Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.*
- c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
- d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: Yes No
- | | | |
|---|---|---|
| <input type="checkbox"/> All buildings | <input type="checkbox"/> Outside walk-in cooler(s)/freezer(s) | <input type="checkbox"/> Access for deliveries |
| <input type="checkbox"/> Refuse storage site | <input type="checkbox"/> Outside storage areas | <input type="checkbox"/> Sewage disposal system |
| <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Oil/Fuel tanks | |
| <input type="checkbox"/> Identify nearby roads, streets, other landmarks, and/or give GPS coordinates | | |

e.	Floor Plan. A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Layout and purpose of each room		<input type="checkbox"/> Type and location of lighting
	<input type="checkbox"/> Location of fixed equipment and plumbing features		<input type="checkbox"/> Type and location of ventilation, both building and local systems
	<input type="checkbox"/> Size, construction, and design of fixed equipment		
	<input type="checkbox"/> Location of restrooms, including the number of toilets and handwash sinks.		
f.	Plumbing Schematic. A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Plumbing schematic showing each hot, cold, and wastewater line.		
	<input type="checkbox"/> Plumbing connection to the wastewater line (direct vs. indirect)		
	<input type="checkbox"/> Hot water capacity		
	Have you contacted the State Plumbing Inspector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G	Fire Marshall. Have you contacted the State Fire Marshall? Please describe your ventilation/hood system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C – ADDITIONAL INFORMATION

a.	Storage. How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.
b.	Dressing Rooms and Locker Rooms. Describe how employee clothing, belongings, etc will be stored:
c.	Poisonous/Toxic Materials. Describe location and means to store poisonous or toxic materials:
d.	Floors/Walls/Ceilings. Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):
e.	Warewashing: Describe how dishes, utensil, and equipment will be washed:
f.	Linens. Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Applicant's Signature	Date
Applicant's Printed Name	Title