Congratulations! You are proposing to build or remodel a food service establishment in the western Upper Peninsula of Michigan. Submit your plan review package to the Western Upper Peninsula Health Department office in Hancock where the plans will be reviewed. All of the following items must be completed and compiled into a single package or the plan review may get delayed as additional material is requested. For further information, see the plan review manual at: http://www.wupdhd.org/wp-content/uploads/PDFs/plan_review_reference_manual.pdf

1. Completed Plan Review Application and any necessary plan review fees.

<table>
<thead>
<tr>
<th>Plan review fees payable to the WUPDHD, are as follows:</th>
<th></th>
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<tbody>
<tr>
<td>New Construction, Extensive Remodeling, or Conversion</td>
<td>$620.00</td>
</tr>
<tr>
<td>50% increase If plan review follows a stop work order</td>
<td>$930.00</td>
</tr>
<tr>
<td>New construction, low risk menu X</td>
<td>$315.00</td>
</tr>
<tr>
<td>50% increase If plan review follows a stop work order</td>
<td>$472.50</td>
</tr>
<tr>
<td>Special Transitory Food Units (STFU)</td>
<td>$197.00</td>
</tr>
<tr>
<td>Limited Remodeling Existing Licensed Facility</td>
<td>$200.00</td>
</tr>
<tr>
<td>50% increase If plan review follows a stop work order</td>
<td>$300.00</td>
</tr>
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</table>

2. General information sheet summarizing the proposed project.

3. Completed Plan Review Worksheet (blank copy attached)
   - Worksheet and guidance manual copies are available from any local health department office, the internet at: http://www.michigan.gov/mda or on the health department's website referenced above.

4. Menu including the written consumer advisory for animal foods offered in undercooked or raw form with applicable disclosure and reminder statements.

5. Standard Operating Procedures (SOP’s) appropriate to your operation shall be submitted prior to opening. See the attached SOP instruction sheets.

6. One Complete set of plans. Provide scaled plans (1/4” per foot is a normal, easy to read scale). Show:
   - Proposed layout, with equipment identified. Label sinks and prep tables with their intended use.
   - Mechanical plan (i.e. make-up air systems, air balance schedule and cooking ventilation systems: including hood, duct and exhaust fans).
   - Plumbing: Sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains / sinks.
   - Construction materials of such items as custom cabinets and any other built-in items.
   - Interior room finish schedules.
   - Lighting plan, indicating which lights are shielded.
   - Site Plan, including:
     - Details of outside garbage storage area and containers.
     - On-site water well and sewage disposal system data
7. Specifications

- Include manufacturer’s specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer’s specification or "cut" sheet typically provides most of this information):
  - Type
  - Manufacturer
  - Model number
  - Dimensions
  - Performance capacity
  - Indicate how equipment will be installed (i.e. on leg or wheels, fixed or flexible utility connections)
  - Indicate which items are used equipment and what equipment is NSF approved or equivalent.
  - Sanitation Standard Operating Procedures (SSOP’S): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

Please Note - Stop Work orders must be applied (rule 289.6113 Michigan Food Law of 2000) if construction is started before plans are approved in writing by the health department.

8. Certified Manager Documentation
Beginning June 30, 2009, most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute (ANS) accredited certification program (Michigan Food Law 2000 as amended, Section 289.2129). Guidance is available from your local health department, MDA Regional Office or on the web at: http://www.michigan.gov/mda Search: Manager Certification.
WESTERN UPPER PENINSULA HEALTH DEPARTMENT
APPLICATION FOR FOOD SERVICE ESTABLISHMENT PLAN REVIEW

____ New Construction Fee Enclosed____
____ Remodeling of Existing Food Service Establishment
____ Conversion of Existing Building to a Food Service Establishment

Owner Information
Name: ___________________________
Address: _________________________
Telephone: _______________________
Fax: __________ E-Mail: __________

Food Equipment Supply Co.
Name: ___________________________
Address: _________________________
Telephone: _______________________
Fax: __________ E-Mail: __________

Architect Information
Name: ___________________________
Address: _________________________
Telephone: _______________________
Fax: __________ E-Mail: __________

General Contractor
Name: ___________________________
Address: _________________________
Telephone: _______________________
Fax: __________ E-Mail: __________

Which of the above will serve as the primary contact? _________________________________
Which of the above should correspondence be mailed to? _____________________________

Proposed Construction start date: __________ Proposed opening date: _________________

In addition to health department approval of the proposed new construction, conversion, or remodeling plans, additional permits such as building, plumbing, electrical, mechanical, on-site water supply, and on-site sewage disposal may be required prior to beginning construction. The Western Upper Peninsula Health Department issues permits for on-site water supply and sewage systems. Contact the Michigan Department of Consumer and Industry Services Mechanical Division (application enclosed in this packet) and your local building department to obtain other construction permits. Indicate that applications for construction permits have been submitted for the following:

_________Engineered plans have been submitted to the appropriate Mechanical authority or the Michigan Department of Consumer and Industry Services – Mechanical Division for a construction permit to install a commercial exhaust system.
_________Building, plumbing, and electrical permits have been applied for.

Enclose with the completed application:
_____ Completed worksheet
_____ General Information sheet
_____ One set of plans drawn to scale
_____ Standard Operating Procedures
_____ One set of specifications
_____ One copy of menu
_____ Plan review fee

Signature of Owner or Representative ____________________________ Date __________

Plan submittal instructions 10.06.04
General Information Worksheet

Hours of Operation:______________________________________________________________

Seating Capacity (include bar): __________ Facility Size (square feet): ________________

Minimum staff per shift: _________________ Maximum staff per shift: _________________

These plans are for a:  ____ New establishment  ____ Remodeling  ____ Conversion

What describes the establishment better?

___ On-site Preparation  ____ Serving Site

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?

___ Yes ___ No

If yes, explain: __________________________________________________________________

Type of Operation (check all that apply)

A. Restaurant Related

___ Sit down meals  ___ Commissary  ___ Buffet or salad bar

___ Counter  ___ Church  ___ Tableside / display cooking

___ Cafeteria  ___ Take out menu  ___ Hospital

___ Fast food  ___ Catering  ___ Bottling alcoholic beverages

___ Bar with food prep  ___ Mobile vendor  ___ Special transitory food unit

B. Grocery Related

___ Grocery store  ___ Produce processing  ___ Wholesale foods

___ Fresh Meat  ___ Smoked fish  ___ Repackage / processor of:

___ Seafood / fish  ___ Bakery  ____

___ Deli  ___ Commissary  ___ Water bottling

___ Ice production / packaging  ___ Self-service bulk items  ___ Bottling alcoholic beverages

___ Produce  ___ Self-service baked goods

Please summarize the proposed project.

________________________________________________________________________________________

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I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: ____________________________________________ Date ________

Print name and title here: ____________________________________________________________