

**WESTERN UPPER PENINSULA HEALTH DEPARTMENT
PLAN SUBMITTAL INSTRUCTIONS FOR NEW OR REMODELED
FOOD SERVICE ESTABLISHMENTS**

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.

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

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

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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 _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Commissary | <input type="checkbox"/> Buffet or salad bar |
| <input type="checkbox"/> Counter | <input type="checkbox"/> Church | <input type="checkbox"/> Tableside / display cooking |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Take out menu | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Catering | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Special transitory food unit |

B. Grocery Related

- | | | |
|---|---|---|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage / processor of:
_____ |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Self-service baked goods | |

Please summarize the proposed project.

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: _____