

PLAN REVIEW GUIDELINES AND PERMIT APPLICATION FOR FOOD ESTABLISHMENTS

This Guide includes an example of a floor plan example, checklists of code requirements for different types of establishment. Plans are reviewed by appointment or may be mailed. For appointments, call 501-661-2171. For additional information call our Environmental Health Specialists located in your county health unit. Copies of the applicable regulations can be obtained at your local county health unit or on our website at: <http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1>

Mail plans, completed application and required documents to:

Environmental Health Protection
Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock AR 72205



Attn: Plan Review

Food Service Section does not review PLUMBING PLANS. If you have plumbing plans that need approval, plans must be submitted to Protective Health Codes. Contact a plumbing inspector if you have questions about plumbing approval. The plumbing plan review office can be reached at 501-661-2642.

To expedite review time Please ensure the application is complete with the required documentations

FAILURE TO SUBMIT THE REQUESTED INFORMATION MAY DELAY THE PLAN APPROVAL PROCESS

NOTE: Wells used for food establishments must comply with applicable regulations. Contact the Engineering Section of the Department of Health at 501-661-2623 for further information.

Written approval from the county Environmental Health Specialist must be provided for wastewater disposal other than public utilities (for example, septic systems).

The approval letter will be mailed or given to you at the time of the review. The original plans and a copy of the letter will be sent to the county Environmental Health Specialist at your county health department.

A pre-operational inspection is required.

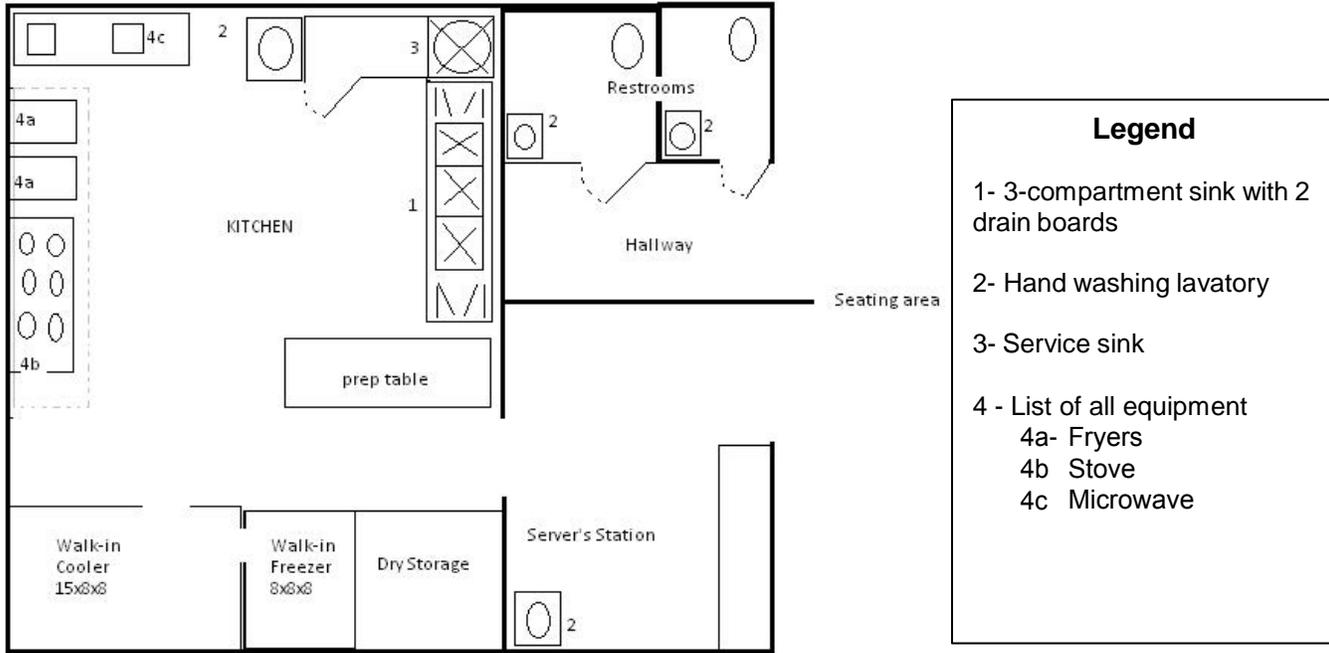
***For additional information call
our Environmental Health Specialists located in your local county health unit.***

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<http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1>

Example

Each page of hand drawn plans submitted needs to have:

- Name of Establishment
- Physical address
- Name of owner
- Mailing address
- Telephone number



Source of water: City water (***Please include the name of the municipal water supply***)

Sewage disposal: City sewer (***Please include the name of the municipal waste water***)

Toilet Rooms have closers on doors and ventilation to outside air.

Lights in all food preparation and utensil washing areas are shielded.

Please include the types of materials used for floors, walls and ceilings. Acceptable finishes would include: sealed concrete or tile for flooring; quarry tile, fiberglass reinforced plastic (frp) or stainless steel for walls that will be exposed to extreme heat and wet conditions; painted gyp board is acceptable for dry storage areas and wall areas not exposed to moisture; vinyl coated tile or other smooth ceiling materials.

FINISH SCHEDULE EXAMPLE

Room	Floor	Walls	Ceilings
Food prep	Sealed smooth concrete	FRP, Stainless Steel	Vinyl-faced gyp board
Toilet rooms	Vinyl tile	Quarry Tile	Painted gyp board
Dry storage	Sealed smooth concrete	Painted gyp board	Painted gyp board



RETAIL CHECKLIST
REFER TO APPROPRIATE REGULATION

PLANS MUST BE APPROVED BEFORE BEGINNING CONSTRUCTION OR REMODELING	Food Service	Prepackaged	Mobile, Seasonal	Salvage
<p>All indicated items relevant to your business type MUST be indicated on your floor plan submission.</p> <p>For additional information call our Environmental Health Specialists at your local county health unit.</p>				
WATER - APPROVED SOURCE (Indicate source, e.g., Public water)	X	X	X	X
WASTE WATER DISPOSAL (Wastewater Letter from Local Health Department required when municipal wastewater is not available)	X	X	X	X
INTENDED MENU (VARIANCE APPROVAL/HACCP PLAN IF NEEDED)	X	X	X	X
PROPOSED STANDARD OPERATING PROCEDURES EQUIPMENT SPECIFICATIONS	X	X	X	X
FINISH MATERIALS - Floors, Walls, Ceilings - SMOOTH, WASHABLE WHERE REQUIRED	X	X	X	X
HAND WASHING FACILITIES - Location as specified in 5-204.11	X		X	X
WARE WASHING EQUIPMENT - 3-COMPARTMENT SINK WITH 2 DRAINBOARDS	X		X	X
MECHANICAL WARE WASHING EQUIPMENT MUST COMPLY WITH CHAPTER 4	X			
LIGHTING - ADEQUATE; SHATTERPROOF	X		X	X
VENTILATION - TOILET ROOMS; EXHAUST HOODS (Compliant with HVACR code)	X	X	X	X
TOILET ROOMS - SELF-CLOSING DOORS	X	X	X	X
LIST OF EQUIPMENT INVOLVED IN THE PREPARATION AND STORAGE OF FOOD	X	X	X	X
MOP SINK	X	X		X
SOLID WASTE STORAGE - FOOD CODE SECTION 5-501.11	X	X		
SERVICE WINDOWS AND OUTER OPENINGS - FOOD CODE SECTION 6-202.15	X	X	X	X
FOOD GUARDS - Food on display, e.g., salad bars - Food Code Section 3-306.11	X	X	X	
MOBILE - PUSH CART - SEASONAL - COFFEE KIOSK				
PERMANENTLY MOUNTED WATER AND WASTEWATER TANKS--sizes must be shown			X	
WRITTEN AGREEMENT WITH WASTE WATER DISPOSAL SITE			X	
SERVICE AREA LETTER			X	

For additional information call our Environmental Health Specialists located in your county health unit.

For County Health Unit contact information visit our website at:

<http://www.healthy.arkansas.gov/programsServices/localPublicHealthOffices/Pages/default.aspx>

ARKANSAS DEPARTMENT OF HEALTH

PROJECT COST ESTIMATE WORKSHEET

As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with the estimated fee or \$500 paid

PROJECT NAME _____

PROJECT ID# (ADH Use Only)

COUNTY _____

PROJECT LOCATION (911 if available) _____

CITY, STATE, ZIP _____

OWNER/SUBMITTER NAME _____ TELEPHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

- | | |
|---|-----------------|
| 1. WATER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding water system improvements ENG (501) 661-2623</i> | |
| 2. SEWER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding sewer system improvements ENG (501) 661-2623</i> | |
| 3. PLUMBING..... | \$ _____ |
| <i>For questions regarding plumbing plans (501) 661-2642</i> | |
| 4. SWIMMING POOL..... | \$ _____ |
| <i>For questions regarding swimming pool plans (501) 661-2171</i> | |
| 5. FOOD ESTABLISHMENT IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding food establishment plans (501) 661-2171</i> | |
| 6. HEALTH FACILITY IMPROVEMENTS | \$ _____ |
| <i>For questions regarding health facility improvements (501) 661-2201</i> | |
| 7. OTHER..... | \$ _____ |
| TOTAL ESTIMATED COST..... | \$ _____ |

- | | |
|--|-----------------|
| A. PLAN REVIEW FEE:..... | \$ _____ |
| <i>1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on reverse side)</i> | |
| B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS..... | \$ _____ |
| <i>For individual sewage disposal system permits; and for subdivisions whose lots are < 3 acres, and mobile home & RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)</i> | |
| TOTAL FEES SUBMITTED | \$ _____ |
| <i>(Add A & B)</i> | |

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: _____ DATE _____

ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46

Little Rock, AR 72205

Food Establishment Permit Application

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING
(Please Print Clearly or Type to ensure no delays in processing)

Date:

Name of Establishment:

Check One: New Remodel Converting Facility to a Food Business
 New Ownership of Existing Facility Incubator / Contract Operator of Existing Facility

Check Appropriate Block(s): Mobile food Service Food Service Establishment Manufacture/Wholesale
 Plans Attached Equipment List Attached Menu Attached Standard Operating Procedures Attached

Establishment Information:

911/ PhysicalAddress:

City: State: Zipcode:

County: Telephone:

Name of Owner(s)/Corporation:

Contact Person:

Telephone:

Email:

(Please provide the following billing address ONLY if it is different than 911/physical address)

Mailing/Billing Address:

City: State: Zip Code:

Establishment's Water Source: Municipal Water Well Other
(please list type)

Establishment's Sewage Disposal: Municipal Sewage Septic System

Category: Check All That Apply:

- Restaurant \$35.00
- Food Store \$35.00
- Kiosk \$35.00
- Private School \$35.00
- Public School
- Summer Feeding / Afterschool \$35.00
- Daycare \$35.00
- Deli/Bakery \$35.00
- Food Mobile \$35.00
- Manufacture/Warehouse \$35.00
- Food Salvage Permit \$150.00
- Other _____

Total Due: \$



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS

DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. **ALL FEES ARE NON-REFUNDABLE.**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the Arkansas Department of Health authority may nullify this approval.

Approval of these plans and specifications by the Arkansas Department of Health authority **DOES NOT** indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It **DOES NOT** constitute endorsement or acceptance of the completed establishment (structure or equipment).

Signature(s) _____ Date _____
owner(s) or responsible representative(s)

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING

Submit to:
Arkansas Department of Health
Food Protection Services
4815 W. Markham St., Slot 46
Little Rock, AR 72205

