

**ARKANSAS DEPARTMENT OF HEALTH**  
**Environmental Health Protection-Food Service Section**  
**501-661-2171**

**PLAN REVIEW GUIDELINES**  
**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 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**, include the Plan Review Application forms listed below:

Project Cost Estimate Worksheet and fee  
Establishment name and street address  
Source of water (Please include the name of municipal water source)  
Wastewater disposal (Please include the name of the municipal waste water)  
Floor plan showing location of all kitchen equipment  
Menu  
Proposed Standard Operating Procedures  
Other items shown on the checklist/plan review application

**\*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.**

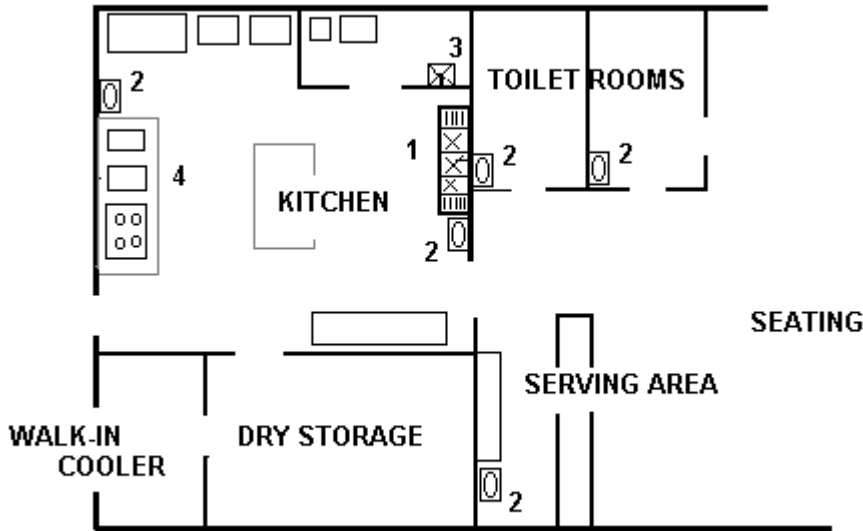
**For additional information call**  
**our Environmental Health Specialists located in your local county health unit.**

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>

# Example

Each page of hand drawn plans submitted needs to have:

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



| Legend |  |
|--------|--|
| 1-     | 3-compartment sink with 2 drain boards |
| 2-     | Hand washing lavatory                  |
| 3-     | Service sink                           |
| 4 -    | List of all equipment                  |
| -      | Stove                                  |
| -      | Fryer                                  |
| -      | Grill                                  |
| -      | Cooler                                 |
| -      | Freezer                                |
| -      | Prep Tables                            |

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     |

USE ADDITIONAL SHEETS OF PAPER IF NECESSARY

**RETAIL CHECKLIST**  
REFER TO APPROPRIATE REGULATION

Establishment: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_

| <b>PLANS MUST BE APPROVED BEFORE BEGINNING<br/>CONSTRUCTION OR REMODELING</b>   | Food<br>Service | Prepackaged | Mobile,<br>Seasonal | Salvage |
|---|-----------------|-------------|---------------------|---------|
| All indicated items relevant to your business type MUST be indicated on your floor plan submission.<br><br>For additional information call our Environmental Health Specialists at your local county health unit. |                 |             |                     |         |
| 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<br>(Completed copy of Plan Review Application)   | 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       |
| SERVICE 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  |                 |             | 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.....   | \$ _____        |
| <b>TOTAL ESTIMATED COST.....</b>  | <b>\$ _____</b> |

- |  |                 |
|--|-----------------|
| 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<br>WASTEWATER SYSTEMS.....  | \$ _____        |
| <i>For individual sewage disposal system permits; and for subdivisions whose lots are &lt; 3 acres, and mobile home &amp; RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)</i> |                 |
| <b>TOTAL FEES SUBMITTED .....</b>  | <b>\$ _____</b> |
| <i>(Add A &amp; B)</i>   |                 |

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

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_

**EXPLANATION OF PLAN REVIEW FEES**

**#1)** A.C.A. § 20-7-123 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. **(Line items # 1,2,3,4,5,6,7 on page 1)** The fee is 1% of the estimated cost of improvements, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.  
IF TOTAL ESTIMATED COST IS \$50,000.00 OR MORE, REVIEW FEE IS \$500.00.  
IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ \_\_\_\_\_

**#2)** A.C.A. § 14-236-116 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

|                                     |      |       |
|-------------------------------------|------|-------|
| FIRST LOT @ \$100.00 .....          | = \$ | 100   |
| ADDITIONAL LOTS @ \$25.00/each..... | = \$ | _____ |
| TOTAL .....                         | = \$ | _____ |

(MAXIMUM FEE = \$1500.00)

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

|  |         |
|--|---------|
| 1500 SQ.FT. OR LESS .....              | = \$30  |
| 1501 – 2000 SQ.FT. ....                | = \$45  |
| 2001 – 3000 SQ.FT. ....                | = \$90  |
| 3001 - 4000 SQ.FT. ....                | = \$120 |
| 4001 SQ.FT. & GREATER .....            | = \$150 |
| ALTERATION, REPAIR, OR EXTENSION ..... | = \$30  |

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

**#3)** A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

|                   |          |
|-------------------|----------|
| 2-25 SPACES.....  | \$25.00  |
| 26-50 SPACES..... | \$50.00  |
| 51-75 SPACES..... | \$75.00  |
| 76 OR MORE.....   | \$100.00 |

**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

Name of Previous Establishment: \_\_\_\_\_

Previous Customer Number: \_\_\_\_\_

**Establishment Information:**

911/ Physical Address: \_\_\_\_\_

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
- Daycare \$35.00
- Deli/Bakery \$35.00
- Food Mobile \$35.00
- Manufacture/Warehouse \$35.00
- Food Salvage Permit \$150.00

Total Due: \$ \_\_\_\_\_



**Food Safety Questions:**

- 1. Will the facility be serving food to a highly susceptible population?  Yes  No  
(young children, the elderly, or the chronically ill)
- 2. Will you be using specialized processing methods methods to preserve, extend shelf life, or render food so that it no longer requires temperature control for safety such as vacuum packaging, curing, canning, or pickling? Or sprouting seeds or beans?  Yes  No
  - a. If yes, do you have a HACCP plan?  Yes  No
- 3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  Yes  No
- 4. Are your managers/workers required to complete food safety training?  Yes  No

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**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 without prior permission from this Health Regulatory Office may nullify final approval.**

**Signature(s)**

\_\_\_\_\_ *owner(s) or responsible representative(s)*

\_\_\_\_\_ *Date*

**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**

