

Office Use Only

Permit # _____ Date Received _____ Amt \$ _____ Check# _____
Reviewed By _____ Date Reviewed _____ Received By _____ Receipt # _____



AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. Box 142529
Austin, Texas 78714
Phone: (512) 978-0300 Fax: (512) 978-0322



Food Enterprise Plan Review Application

Plans left over 60 days will be discarded and a new review will be required

Incomplete applications will be returned for completion, delaying the review process.

NEW _____ **REMODEL of permitted food enterprise** _____ **Food Service Operating Permit#** _____

Note: Remodel of existing buildings without a current food permit will be classified as "New."

- 1) Date Plans Submitted: _____ Projected Starting Date: _____ Projected Opening Date: _____
- 2) Plan Designer Contact Name: _____ Phone: (_____) _____
- 3) General Contractor: _____ Phone: (_____) _____
- 4) Establishment Name _____
- 5) Establishment Address _____ Street _____ City _____ Zip _____
- 6) Establishment Sales Tax Permit #: _____
- 7) Name of Owner _____ Phone :(_____) _____
- 8) Mailing Address _____ Street _____ City _____ Zip Code _____
- 9) Applicant _____ Phone: (_____) _____
- 10) Applicant Address _____ Street _____ City _____ Zip Code _____
- 11) E-mail address (Optional: For plan questions) _____

Food Enterprise Info

- 12) ___ Food Service ___ Retail Food Store ___ Food Product Manufacturer ___ Food Warehouse
___ Institution ___ Day Care ___ Other _____
- 13) Will this facility be used for Catering? _____ Name of Lessee _____
- 14) Total Sq Footage of Facility: _____ Remodel Sq Footage: _____ Number of Seats _____
- 15) Type of Service: Check all that apply
___ Seated ___ Carry Out ___ Caterer ___ Mobile Vendor Commissary ___ Other
- 16) Total Number of Staff _____ Maximum Working per Shift _____
- 17) Number of Floors on which operations are conducted _____
- 18) Type of Food _____
- 19) Meals to be served: Breakfast _____ Lunch _____ Dinner _____
- 20) Water Supply _____
- 21) Waste Water: Municipal sewer? ___ If NO, Private septic system approved? _____ (attach approval)
- 22) Is a grease trap provided, if so where? _____ Number of gallons _____



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Plan Review Fees

No refunds for any reason after 180 days from receipt of payment.

1) **City of Austin: Food Enterprises located within the Austin City Limits**

New or Change of Owner		\$254.00
Remodel of Permitted Food Establishment	> 10,000 sq.ft.	\$254.00
	2,500-10,000 sq.ft.	\$217.00
	< 2,500 sq.ft.	\$181.00

Payable to: City of Austin

Application, plans, & fees submitted to: One Texas Center/Health, 2nd floor
505 Barton Springs RD
Austin, TX 78704

OR

2) **Travis County: Food Enterprises located outside Austin City limits: \$10.00**

Payable to: ATCHHSD

Application, plans, & fees submitted to: EHSD
P.O. Box 142529
Austin, TX 78714

OR

3) **Contracted Municipalities with Interlocal Agreements: Food Enterprises located in incorporated cities of Travis County**

New or Change of Owner		\$254.00
Remodel of Permitted Food Establishment	> 10,000 sq.ft.	\$254.00
	2,500-10,000 sq.ft.	\$217.00
	< 2,500 sq.ft.	\$181.00

Payable to: City of Austin

Application, plans, & fees submitted to: EHSD
P.O. Box 142529
Austin, TX 78714

SUBMIT THE FOLLOWING DOCUMENTS:

- _____ 1) **Plans** (2 sets) drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ 2) **Site Plan Location of Building** including location of any outside equipment including dumpsters, well, septic system, etc.
- _____ 3) **Manufacturer Specification Sheets** for each piece of equipment (refrigeration, water heaters, warmers, self-service hot and cold holding units with sneeze guards, etc.)
- _____ 4) **Proposed menu** (including seasonal, off site and banquet menus)
- _____ 5) **Equipment List**

Contents and Format of Plans and Specifications

- 1) Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to a minimum scale of 1/4" = 1 foot.
- 2) Show the location of all food equipment, fixtures, sinks, toilet facilities, etc. Each piece of equipment must be clearly labeled on the plan with its common name.
- 3) Provide room size, aisle space, space between and behind equipment and the placement of equipment on the floor plan.
- 4) Designate clearly on the plan all refrigeration equipment and hot hold equipment.
- 5) Designate auxiliary areas such as storage rooms, garbage rooms, toilets, cellars used for food storage or Food prep and employee break rooms (if provided). Storage area for employee personal items is required.
- 6) Designate materials used in each room including floors, walls and ceilings.
- 7) Plumbing: specify location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with **capacity and recovery rate**, backflow prevention, & wastewater line connections.
- 8) Lighting: (1) At least 10 foot candles required in walk-in refrigeration units and dry storage areas (2) At least 20 foot candles where food is provided for customer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold, inside equipment such as reach-in and under-counter refrigerators, areas used for hand washing, ware washing, equipment and utensil storage and toilet rooms (3) At least 50 foot candles at surfaces where employees are working with food using utensils or equipment such as knives, slicers, grinders, or saws and where employee safety is a factor.
- 9) Ventilation of each room
- 10) Location of mop sink or curbed cleaning facility with facilities for hanging wet mops
- 11) Cabinets or area for storing toxic chemicals

Food Preparation Review

1. What are the projected frequencies of deliveries for Refrigerated Foods? _____
Frozen Foods? _____ Dry Goods? _____
2. Provide information on the amount of storage space (in cubic feet) for the following foods:
Refrigerated Storage _____ cubic feet #Walk-ins _____ #Reach-ins _____ Other _____
Frozen Storage _____ cubic feet How many units? _____
Dry Storage _____ cubic feet How many rooms? _____
Your establishment may require more refrigeration or dry storage based on FDA calculations and guidelines.
3. Will raw meats, poultry and seafood be stored in the refrigerators and freezers with ready to eat food?
YES/NO If Yes, explain how cross contamination will be prevented _____

4. How will Dry Goods be stored off the floor? _____
5. Is there a bulk ice machine available? YES/NO
6. What is the capacity of the hot water generator? _____ gallons
7. A mop sink is required for each facility. Where is this sink located? _____
8. Is there a food prep sink directly connected to the sewer line? YES/NO If yes, where is it located?

Final Finish Materials of these Surfaces

	FLOORS	WALLS	CEILINGS
Kitchen			
Bar			
Food Storage			
Other Storage			
Toilet Rooms			
Dressing Rooms			
Garbage & Refuse			
Mop Service Basin Area			
Ware washing Area			
Walk-in Refrig. & Freezers			

Helpful Phone Numbers

Health One Stop Shop: 974-3325 Fax: 974-6372 Austin City Info: 974-2000 or 311

Alcoholic Beverage Licenses- City Clerk- 974-2210
 Alcohol Beverage Commission, general info- 206-336, application - 451-0231
 Commercial Building Inspections - 974-2380
 Environmental Health Services Division (Food Enterprise Operating Permit) – 978-0300
 Fire Marshal – Fire Code Inspections - 974-0160
 Food Manager Certification - 978-0313
 Industrial Waste Water - 972-1060
 Inspections - Building- 974-2027, Automated Inspection Request Line 480-0623
 Inspections- Health Department, Environmental Health Services Division - 978-0300
 Plan Review, Commercial Construction - 974-2949 or 974-3469
 Plan Review, Food Enterprise – 974-3325
 Utility Customer Service - 494-9400
 LCRA On-site Sewage Facility Licenses - 473-3216
 Texas Comptroller Office - 463-4600
 Travis County On-site Sewage Facility Licenses - 854-9383
 Water & Waste Water 972-0000
 Water & Waste Water Inspection Recorder 972-0002