

**Office Use Only**

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



Austin/Travis County Health and Human Services Department  
Public Health & Community Services Division  
Environmental and Consumer Health Unit  
15 Waller St., Austin, TX 78702  
Phone (512) 972-5600 Fax (512) 972-5630  
www.ci.austin.tx.us/health/echu\_consumer.htm



**Food Establishment 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 establishment \_\_\_\_\_ (Food Service Operating Permit# \_\_\_\_\_)

- 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 \_\_\_\_\_
- 9) Applicant \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_
- 10) Applicant Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Food Establishment Info**

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

## 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. If the menu dictates, is there a food prep sink with an air gap? 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

Alcoholic Beverage Licenses- City Clerk- 974-2210  
Alcohol Beverage Commission, general info- 206-336, application - 451-0231  
Commercial Building Inspections - 974-2380  
Environmental and Consumer Health (Food Establishment Operating Permit) - 972-5600  
Fire Marshal – Fire Code Inspections - 974-0160  
Food Manager Certification - 974-5673  
Industrial Waste Water - 972-1060  
Inspections - Building- 974-2027, Automated Inspection Request Line 480-0623  
Inspections- Health Department, Environmental and Consumer Health Unit, - 972-5600  
Plan Review, Commercial Construction - 974-2949 or 974-3469  
Plan Review, Food Establishments – 974-3325  
Utility Customer Service - 494-9400  
Environmental and Consumer Health (Food Permit) - 972-5600  
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, W/WW Inspection Recorder 972-0002



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## Plan Reviews Fees

### 1) City of Austin: Food Establishments located within the Austin City Limits

New or Change of Owner		\$185.00
Remodel of Permitted Food Establishment	> 10,000 sq.ft.	\$185.00
	2,500-10,000 sq.ft.	\$125.00
	< 2,500 sq.ft.	\$ 65.00

#### **Payable to: City of Austin**

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

OR

### 2) Travis County: Food Establishments located outside Austin City limits: \$10.00

#### **Payable to: ATCHHSD**

Application, plans, & fees submitted to: Environmental and Consumer Health  
RBJ Health Center 4<sup>th</sup> floor  
15 Waller ST  
Austin, TX 78704

## 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 preparation and employee break rooms (if provided). An area for storage of 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

(ATCHHSD) SAMPLE KITCHEN

Needed Scale: 1/4" = 1'

- |                                  |  |
|----------------------------------|--|
| 1. Pizza Oven                    | 17. Stainless steel table with flour bins below    |
| 2. Pizza Prep table              | 18. Mixer 60 quart                                 |
| 3. 3-Comp. sink                  | 19. Point of Sale (POS)                            |
| 4. Dishwasher                    | 20. Ice Machine                                    |
| 5. Stainless steel table for DW  | 21. Printer  |
| 6. Stainless steel table         | 22. Soda Fountain or Gun                           |
| 7. Keg cooler                    | 23. Slicer   |
| 8. Under-counter cooler          | 24. Mop Sink                                       |
| 9. Sandwich Prep Table           | 25. Freezer  |
| 10. Juice Box                    | 26. Walk-In Frig sized accordingly (NSF/FDA calcs) |
| 11. Ice Bin                      | 27. Hand Sinks                                     |
| 12. Soda Cooler                  | 28. Water Heater                                   |
| 13. Pizza Display                | 29. Exhaust fan in each restroom                   |
| 14. Trash Can                    | 30. Vent hood above pizza oven                     |
| 15. Bun Rack above sandwich prep | 31. Dishwasher w vent hood                         |
| 16. Espresso Machine             | ***Dumpster*** (outside/cond/leak & rodent proof)  |
|                                  | ***Grease Trap*** (indicate location)              |

