



**Protective
Health Services**
Oklahoma State
Department of Health

**Oklahoma City-County
Health Department**
Food Safety & Environmental Health
2400 NW 36th Street
Oklahoma City, OK 73112
Telephone: (405) 425-4327
email: planreview@occhd.org



PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT

Establishment Type: Food Lodging Medical Marijuana

Establishment Name: _____

Street Address: _____ City: _____ Zip: _____

APPLICANT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone #: _____

CONTACT INFORMATION (IF DIFFERENT):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone #: _____

TYPE OF CONSTRUCTION:

New Remodel Fire Restoration Addition Move-On Conversion

Existing Use of Land/Bldg: _____ Proposed Use of Land/Bldg: _____

COMMENTS: _____

I hereby certify that the statements in this application are true and correct.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

A copy of this application must be submitted with a **Fee of \$425.00** made payable to the **Oklahoma City-County Health Department (OCCHD)**.

This fee is NON-REFUNDABLE!

DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY TO:

**2400 NW 36th Street
Oklahoma City, OK 73112**
Or pay the fee online at: occhd.org/payment

All facilities must be inspected and licensed prior to operation. Completion and submission of this form does not constitute authorization to open a food establishment.

OCCHD USE ONLY

- Cash
- Check
- Money Order
- Online

Date Received:
____/____/____

By: _____



2400 NW 36th Street
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Phone 405/425-4327
Fax 405/419-4227
website: occhd.org/planreview

Instructions for Plan Review Application and Fee Submission

The plan review application, plan review fee and building plans must be submitted to the health department before construction or work is started.

The building plans must be on a minimum of 8 1/2 inch by 11 inch paper.

The plans should include the following items:

1. A site plan that includes the water source and the method of sewage disposal.
2. A floor plan that indicates the location of all sinks and equipment. The sinks and equipment must be clearly labeled, marked or identified. **All equipment must be commercial and used for its intended purpose.**
3. A plumbing plan showing the water and wastewater connection to each fixture. Include the location of the floor sinks.
4. A lighting plan.
5. A finish schedule which includes materials to be used for the floors, base, walls and ceilings.
6. Other information that may be required for the proper review of the proposed construction, conversion or modification.

TIP - Extra review time and phone calls can be avoided if your plans make clear what is proposed and what already exists. When the plans examiner can readily determine exactly what is proposed, the time spent getting clarification is saved.

Building plans do not need to be submitted if the project is located in a municipality that receives a set of plans for the health department as part of their review/permitting process.

However, the health department plan review application and fee must be submitted.

Approval of the plans and specifications by the Health Department does not indicate compliance with any other federal, state or local code, law or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection of the establishment will be necessary to determine if it complies with the laws governing food service establishments. All application fees must be paid in full before a license to operate will be issued.



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PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT

New Remodel Fire Restoration Addition Move-On Conversion

Type of Operation:

- Food Service Establishment
- Bar
- Retail Food Store
- School
- Medical Marijuana Dispensary
- Food Service Establishment with Bar
- Combination Retail Food
- Seasonal Food
- Lodging
- Other _____

Name of Establishment: _____

Establishment Address: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Applicant's Mailing Address: _____

Applicant's Telephone: _____

Applicant Email Address: _____

Dates: Projected Start Date _____ Projected Completion Date: _____

FOR LODGING FACILITIES ONLY:

Type of Food Operation:

- Continental Breakfast
- Full Breakfast Only
- Full Service
- Full Service with Bar

Type of Public Bathing Place (check all that apply):

- Indoor Pool
- Outdoor Pool
- Indoor Spa
- Outdoor Spa

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used in the following areas.

| AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING |
|------------------------------------|-------|---------------------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Sink | | | | |
| Warewashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |
| Other | | | | |

WATER SUPPLY

Is the water supply public () or non-public/private () ?

If private, has water source been approved? YES () NO ()

If yes, attach copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (ODEQ).
If no, must provide ODEQ approval prior to licensing.

SEWAGE DISPOSAL

Is the sewage system public () or non-public/private () ?

If private, has sewage system been approved? YES () NO ()

If yes, attach copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (ODEQ).
If no, must provide ODEQ approval prior to licensing.