



**Oklahoma City-County Health Department**  
Food Safety & Environmental Health  
2400 NW 36th Street  
Oklahoma City, OK 73112  
Telephone: (405) 425-4400  
www.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](http://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:** \_\_\_\_\_



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## 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.

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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.

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**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 ☐ Food Service Establishment with Bar  
☐ Bar ☐ Combination Retail Food  
☐ Retail Food Store ☐ Seasonal Food  
☐ School ☐ Lodging  
☐ Medical Marijuana Dispensary ☐ 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.