

**RETAIL FOOD SERVICE PLAN REVIEW – NEW AND
REMODELED FACILITIES - Instructions and Application Form**

USE THIS PACKET TO HAVE YOUR PLANS REVIEWED FOR CONSTRUCTING A NEW RETAIL FOOD SERVICE FACILITY OR REMODELING AN EXISTING FACILITY. NOTE: Caterers operating out of a commissary (a licensed retail food establishment) owned and operated by a third party should use FORM 3300.

INSTRUCTIONS

Please submit the following:

- *Completed application (pgs 1-5)*
- *Floor plan of establishment including equipment location, sinks, etc.*
- *Equipment specification sheets (including water heater)*
- *Proposed menu, including HACCP or food handling procedures plan*
- *Other required documents as listed on the application*
- *Check for **\$100.00**, payable to Jefferson County Treasurer. You will be invoiced for other fees.*

FEES

There are two types of fees that will be charged for constructing and opening a retail food service establishment.

PLAN REVIEW FEES*

- | | |
|---|---------------------------|
| • <i>Application fee (payable at time of application)</i> | \$100.00 |
| • <i>Plan review fee (payable when approved plans picked up)</i> | \$ 45.00 per hour* |
| • <i>Construction inspections and pre-opening inspection (payable prior to licensing)</i> | \$ 45.00 per hour* |

*** TOTAL HOURLY FEES NOT TO EXCEED \$580.00**

LICENSE FEES

Retail Food license fees are assessed based on the type and size of the facility. You will be provided with licensing fees and an application form when the plans are approved.

PROCESSING TIME

Allow 7-10 working days for review - incomplete applications, or missing plans or documents will delay this process. The contact person will be notified when the plan review process is complete and provided with an invoice for plan review fees due. When this invoice is paid, the approved plans will be released, along with a Retail Food Establishment license application.

After construction inspections (if any) and a pre-opening inspection have been conducted, an additional invoice will be furnished to the applicant for these services. The Retail Food Establishment license application will not be processed until this invoice has been paid in full.

Plans will be discarded 30 days after pickup notification.

DEPARTMENT CONTACT: Leslie Frank (303) 271-5776
lefrank@jeffco.us

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
1801 19th Street, Golden CO 80401
(303) 271-5700 FAX (303) 271-5760
<http://health.jeffco.us>

FACILITY NAME: _____

FACILITY ADDRESS: _____

TYPE OF FACILITY (check ONLY one)

- | | | | |
|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery | <input type="checkbox"/> Grocery with Deli | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Bar | <input type="checkbox"/> Concession |
| <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Kiosk | |
| <input type="checkbox"/> Other (specify) _____ | | | |

TYPE OF CONSTRUCTION: New Construction Remodel

SEATING CAPACITY: Indoor _____ Outdoor _____

PLAN REVIEW APPLICATION FEE : **\$100.00 (payable to Jefferson County Treasurer)**

PART I – CONTACT INFORMATION

Primary _____
Address _____
City/ST/Zip _____
Phone (____) _____ Fax(____) _____
Email: _____

Architect _____
Phone (____) _____ Fax(____) _____
Email: _____

Owner _____
Address _____
City/ST/Zip _____
Phone (____) _____ Fax(____) _____
Email: _____

1. Is this proposal for the remodeling of an existing facility?
 NO
 YES (previous name) _____

2. Estimated opening date for the facility: _____

3. The 3-compartment sink(s) will have (check one):
 side drain boards
 racks above sink
 no 3-compartment sink in facility

4. Will there be self-serve food areas such as salad bars or hot buffets?
 NO
 YES - sneeze guards must be provided on all such units

5. Will there be a self-service soft drink unit?
 NO
 YES

6. Will there be catering from the establishment?
 NO
 YES – provide information on manner in which food items will be transported to the catered location _____

7. Is there a separate employee area for personal items?
 NO
 YES

8. Is the establishment served by an individual water well?
 NO (provide name of water system) _____
 YES (provide PWSID number) _____

9. Is the establishment served by a septic system?
 NO (name of sanitation district) _____
 YES

10. Will vacuum packaging be conducted in the establishment?
 NO
 YES - provide a HACCP Plan for each category of food.

SINGLE COMPARTMENT SINKS

Sink location	Compartment measurements (inches)		
	Length	Width	Depth

Please show the *number* of the following sink types (if none, mark N/A)

Utensil soak sinks _____ Mop sinks _____
 Hand-washing sinks _____ (including sinks in restrooms)
 Other sinks (specify) _____

DISH MACHINES

(attach equipment specification sheets)

TYPE: () Hot Water Rinse
 () Chemical Sanitization

MANUFACTURERS GPH RATING

OTHER HOT WATER-USING DEVICES

Please show the number of the following devices (if none, mark N/A)

Garbage can washer _____ Utensil pre-washing hose _____
 Employee showers _____ Clothes washer* _____
 Hose bibs _____ Other (Specify) _____

**must attach manufacturer's specification sheet.*

PART V – TERMS AND CONDITIONS OF APPLICATION

In applying for this retail food facility plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **COLORADO RETAIL FOOD ESTABLISHMENT RULES AND REGULATIONS** for the purpose of constructing a retail food establishment. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this property.

OWNER / APPLICANT / AGENT

DATE

