
FLORIDA HEALTH IN PALM BEACH COUNTY
PRELIMINARY STEPS FOR NEW CONSTRUCTION AND
REMODELING OF REGULATED ESTABLISHMENTS

BEFORE PLAN SUBMISSION

It is always a good idea to discuss your planned business with the local office of DOH-Palm Beach County (PBCHD) before you commit yourself to a certain location, layout or operation.

West Palm Beach	(561) 837-5900	North and Central County
Delray Beach	(561) 274-3187	South County
Belle Glade	(561) 996-1633	Western County

Whatever is built must conform to health code requirements as well as city/county codes and zoning. Since you cannot be expected to be familiar with all these requirements, it is recommended that you consult with knowledgeable persons before you go ahead with your plans. We recommend that you utilize the services of an architect.

LOCAL BUILDING CODES

All plans approved by the PBCHD may then be subject to the approval of the local building authority. The PBCHD review is limited to specific environmental health and safety requirements in accordance to applicable statutes, rules, and regulations. Building, Zoning, and Fire Department officials review all other facets of your plan, including siting, occupancy, structure, layout, amenities, and use of the property, for compliance with local laws. A building permit, issued by the local building official is required before any construction begins. Check with the building officials regarding their requirements as one of your earliest planning activities.

FORMAL PLAN SUBMISSION

After you have discussed your proposed business with the local building officials and local County Health Department, you may submit preliminary plans to them. Preliminary plan submission is not required, but will give all parties concerned a clear idea of what is proposed. In some cases it may help to include a short narrative description of the type of business to be conducted.

REQUIREMENTS FOR FORMAL PLAN SUBMISSION

1. Two (2) copies of plans drawn to local building authority specifications. (Note that local building departments may require more than 2 copies of the plan).
2. Plans shall be drawn to scale (Minimum of 1/4" = 1' is recommended).
3. Plans shall include plot or sit plan showing Water and Sewer location.
4. All equipments and fixtures shall be identified.
5. Materials and finishes used for walls, ceiling and floors shall be specified.
6. Provide a complete plumbing isometric (hot and cold, and sanitary).
7. Suitable equipment is required for cleaning waste containers and for proper disposal of resulting waste water.
8. Total requested capacity shall be indicated on plans.
9. All toilet fixtures (toilets, urinals, lavatories) shall be shown.
10. Plans should include a block stating name, address and phone number.
11. Verification of water and sewer connection or availability is necessary.

Since there are areas in the county which are not serviced by Municipal Water and/or Sewers, it is imperative that you determine availability. In existing buildings you must submit past water and sewer bills as proof of connection. If a proposed establishment is served by a septic tank system, the plans are subjected to review for an Onsite Sewage Treatment and Disposal Operating Permit.

If you have any questions regarding plan submission, call the Environmental Health Engineering Office of the Palm Beach County Health Department, at (561) 837-5900. You may also want to visit our website at <http://www.doh.state.fl.us/environment/community/food/index.html> for additional information.



NO FOOD PREPARATION AGREEMENT

Establishment Name: _____

Establishment Address: _____

City: _____ **Zip Code:** _____

Establishment Ownership: _____

The Food Hygiene Sanitation Certification issued by the Environmental Health and Engineering Division of DOH-Palm Beach County to this establishment allows for beverage service only. **No other food preparation and/or food service activity is allowed.** If the establishment is found to be preparing and/or serving foods other than beverages that are the usual and customary products of its operation, it will be subject to enforcement actions in accordance with Chapter 64E-11, Florida Administrative Code.

Rule 64E-11.002, Florida Administrative Code defines food preparation as the handling of foods intended for human consumption by such means as washing, slicing, peeling, chipping, shucking, scooping, and/or portioning. The term also includes those activities involving temperature changes, combining ingredients, and opening ready to eat food packages.

To prepare and/or serve food, a license with the Department of Business and Professional Regulations, Division of Hotels and Restaurant (DBPR), or the Department of Agriculture and Consumer Services (DACS) is required. You can contact DBPR at 1-850-487-1395 or <http://www.myflorida.com/dbpr/hr/licensing.html>, and DACS at (850) 245-5595 or E-mail foodinsp@doacs.state.fl.us for information on their food service license requirements.

Owner/Manager/Operator/Agent Name (Print)

Environmental Health Specialist Name

Owner/Manager/Operator/Agent Name (Signature)

Environmental Health Specialist Signature

Date

Facility Permit Number

**FLORIDA HEALTH IN PALM BEACH COUNTY
PLAN REVIEW CHECKLIST
FOOD SERVICE ESTABLISHMENT CHAPTER 64E-11, FAC**

Establishment Name: _____

Address: _____

Contact Person: _____ **Owner:** _____

Phone: _____ **Date Reviewed:** _____

SUBMISSION REQUIREMENTS

- Information about water and sewer availability. If the building is served by private well or septic tank, additional applications for well or septic tank operating permits may be required.
- Plan Review Fee: \$40.00 per hour.**

PLAN REVIEW MINIMUM CHECKS

- Verified water source and sewer connection.
- Seating capacity stated on plans.
- Toilet rooms shown:
- Proper toilet fixture ratio, per applicable plumbing code or Chapter 64E-10.
- Hand wash sink in each food preparation area, bar and dish washing area.
- Dish and utensil sanitizing equipment: Provide required test kit.
- Dishwashing machine
- 3-compartment sink with drain boards.
- Adequate cleaning facilities (mop sink or can wash area shown).
- Grease interceptors not located within food storage, food preparation, or clean equipment storage areas. Readily accessible for cleaning.
- Food prep sink(s) in food preparation area adequate for food operation (Menu).
- Hot and cold running water to all sinks and at can wash or mop sink..
- Equipment not less than 6 inches off the floor or readily moveable.
- Adequate dry storage (20% of kitchen area recommended).
- Adequate refrigeration and hot food storage and display facilities (thermometers).
- Exhaust ventilation over fryers and grills, per applicable Fire Authority.
- Proper floor, wall, and ceiling construction and finishes labeled on plans.
- Adequate ventilation in food storage, preparation, serving and dish wash area.
- Sneeze guards over salad bars, buffet lines.
- Running water dipper wells, where bulk ice cream is dispensed.
- No food equipment located or installed outside.
- Facilities for storage of kitchen/tableware and single-service articles.
- Dumpster location shown.
- Every food service establishment shall be provided with equipment and utensils designed, constructed, located, installed, maintained and operated as to permit full compliance with the provisions of Chapter 64E-11, FAC Food Hygiene. To download this Chapter, go to <https://www.flrules.org/gateway/chapterhome.asp?chapter=64E-11>.

**Florida Department of Health
Palm Beach County Health Department**

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

NEW REMODEL CONVERSION (DBPR, DACS to DOH)

ESTABLISHMENT NAME: _____
BUSINESS NAME OF ESTABLISHMENT

LOCATION ADDRESS: _____
Street Address

_____ City _____ Zip Code

NAME OF OWNER(S): _____

<input type="checkbox"/> Corporation <input type="checkbox"/> Individual(s) <p align="center">(Check One)</p>
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NOTE: If the facility is owned by a corporation, the correct corporate name including the suffix (Inc., or LLC, etc.) is required.

MAILING ADDRESS: _____

TELEPHONE: (____) _____ EMAIL: _____

NAME OF APPLICANT: _____

TITLE (Owner, President, Agent, Architect, etc.) _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____ EMAIL: _____

Category (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> ALF | <input type="checkbox"/> Bar/Lounge |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Mobile Food Unit | <input type="checkbox"/> Fraternal/Civic |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Hospice | <input type="checkbox"/> Movie Theater |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Residential Facility | <input type="checkbox"/> School |
| <input type="checkbox"/> Detention Facility | <input type="checkbox"/> Other | |

Is this a Community Based Residential Facility.* YES NO
 * If a child care facility complete and attach to child care licensing documentation.

If YES, Number of Licensed Residents/Clients _____

Will this be a Limited Food Service Operation? YES NO

Plans and/or applications have been submitted to the following authorities:

AGENCY	YES (check and enter date)	NO	NOT APPLICABLE	COMMENTS
ZONING	<input type="checkbox"/>			
PLANNING	<input type="checkbox"/>			
BUILDING	<input type="checkbox"/>			
FIRE	<input type="checkbox"/>			
OTHER	<input type="checkbox"/>			

HOURS OF OPERATION OF FACILITY

	MON	TUES	WED	THUR	FRI	SAT	SUN
Open							
Close							

Seasonal Operation: YES NO. If YES, explain: _____

OTHER OPERATIONAL INFORMATION

Total Number of Food Workers	
Maximum. Number of Food Workers per Shift	
Total Food Service Area (ft ²)	
Total Facility Area (ft ²)	
Number of Floors with Food Service Operation	

Check All That Apply
<input type="checkbox"/> Sit-Down Meal
<input type="checkbox"/> Take-Out
<input type="checkbox"/> Caterer
<input type="checkbox"/> Mobile Vendor
<input type="checkbox"/> Other

Estimated Maximum Number of Meals to be Served: Breakfast: _____ Lunch: _____ Dinner: _____

Will facility use only single use/disposable utensils: YES NO

PROJECTED DATE FOR START OF OPERATION: _____

ATTACH THE FOLLOWING DOCUMENTS:

(If not applicable, then indicate NA)

_____ Proposed menu (including seasonal, off-site and banquet menus)

_____ Manufacturer specification sheets for each piece of equipment shown on the plan.
(If equipment is used indicate so, and provide as much information on the equipment if manufacturer specification sheets are not available).

_____ Site plan showing location of business in building; location of building on site including alleys, streets, and location of any outside equipment (dumpsters, well, septic system – if applicable).

_____ Floor plan of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.

_____ Equipment schedule.

_____ Finish schedule.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
2. Identify all food preparation areas and indicate whether they will be used for raw foods and ready to eat foods.
3. Designate clearly on the plan equipment for adequate rapid cooling and short term/long term cold storage (for example, refrigeration, freezers, blast chillers, ice baths, etc.) and for hot-holding (for example, warmers, steam tables, etc.) of potentially hazardous foods.
4. Label and locate areas used for dry storage.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate all restrooms, toilet fixtures, mechanical exhaust, vents, and/or fans.
7. Clearly designate all handwashing sinks within each restroom, the food preparation area, and dishwashing area.
8. Identify areas where clean wet and clean dry equipment and utensils will be stored, and where dirty equipment will be stored prior to washing.
9. Locate and identify the dishwashing area. If manual dishwashing; identify location and size of 3-compartment sink and label as wash, rinse and sanitize. If automatic dishwashing, label and locate machine. Indicate method of sanitization and provide any specifications. Identify areas for pre-scraping, pre-flushing, or pre-soaking. Identify areas for drying clean equipment and utensils.
10. Identify auxiliary areas such as dining areas, storage rooms, and garbage rooms.
11. Include and provide specifications for:
 - a. Entrances, exists, loading/unloading areas and docks.
 - b. Complete finish schedules for each room including floors, walls, ceiling and covered juncture bases.
 - c. Plumbing (isometric) schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste water lines connections.
 - d. Lighting schedule with protectors.
 - e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that the facility is in compliance with state and locate regulations. If on well supply and/or septic, refer to the appropriate office for approval.
 - g. Ventilation schedule for each room.
 - h. A mop sink or curbed cleaning facility with facilities for hanging wet mops.
 - i. Garbage can washing area at the facility.
 - j. Cabinets for storing toxic chemicals.
 - k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

FOOD PREPARATION REVIEW

Check categories of Potential Hazardous Foods (PHF's) to be handled, prepared and served.

CATEGORIES

	YES	NO
1. Thin meats, poultry, fish, eggs (e.g. hamburger, sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (e.g. pies, custards, cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

FOOD SUPPLIES

1. Are all food supplied from inspected and approved sources? YES NO

2. What are the projected frequencies and times of deliveries for:

Frozen Foods: Frequency _____ Time _____

Refrigerated Foods: Frequency _____ Time _____

Dry Goods: Frequency _____ Time _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Frozen Storage _____

Refrigerated Storage _____

Dry Storage _____

4. How will dry goods be stored off the floor?
