

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF HEALTH IN PALM BEACH COUNTY

PRELIMINARY STEPS FOR NEW CONSTRUCTION & REMODELING OF REGULATED ESTABLISHMENTS

BEFORE PLAN SUBMISSION:

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

West Palm Beach	(561) 837-5996	North and Central County
Delray Beach	(561) 274-3188	South County
Belle Glade	(561) 983-9239	Western County

Whatever is built must conform to health code requirements and local zoning, building, and fire code regulations. 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 building requirements as one of your earliest planning activities.

PRE-APPLICATION CONSULTATION:

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 PLAN SUBMISSION:

1. Two (2) copies of floor plans drawn to local building authority specifications. (Note that local building departments may require more than 2 copies of the plan).
2. Floor plans shall be drawn to scale (Minimum of ¼" = 1' is recommended).
3. 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).
4. All equipment and fixtures shall be identified. (See section 2 of Food Plan Review Guide)
5. Materials and finishes used for walls, ceiling, and floors shall be specified (finish schedule).
6. 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.
7. Adequate cleaning facilities (mop sink or can wash area shown).
8. Total requested seating capacity shall be indicated on plans. (determined by local building, zoning, and fire departments)
9. All plumbing 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 Division of Environmental Public Health of the Palm Beach County Health Department, at (561) 837-5900. You may also want to visit our website at <http://www.floridahealth.gov/environmental-health/food-safety-and-sanitation/index.html> for additional information.



**STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH- PALM BEACH COUNTY
DIVISION OF ENVIRONMENTAL PUBLIC HEALTH
PHONE # (561) 837-5900**

**PLAN REVIEW GUIDE FOR
FOOD SERVICE ESTABLISHMENT CHAPTER 64E-11, FAC
Plan Review Fee \$40 Per Hour**

For Office Use Only	
Certificate Number	
<input type="checkbox"/> Belle Glade <input type="checkbox"/> Delray Beach <input type="checkbox"/> West Palm Beach	
Date Well Approval	Date Septic Approval

Note- Please submit completed Plan Review Guide with plan review fee, supporting documents, Application for Sanitation Certificate (DH 4086), and Plan Review Application (DH 8003).

Establishment Name:	
Establishment Address:	
Establishment Contact Person:	
Phone Number:	Email Address:

SECTION 1 - SUPPORTING DOCUMENTS

Please attach the following documents:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> 2 sets of floor plans drawn to scale (One set of the plans will be kept) *See Section 2 below. <input type="checkbox"/> 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). <input type="checkbox"/> Copy of utility bill showing water and sewer charges or System evaluation signed <input type="checkbox"/> Certificate of Occupancy or proof of approval by local building authority <input type="checkbox"/> Fire inspection <input type="checkbox"/> Proposed menu (including seasonal, off-site and banquet menus) | <ul style="list-style-type: none"> <input type="checkbox"/> Manufacturer specification sheets for each piece of equipment shown on the plan. (For equipment without manufacturer's specifications, provide as much information as possible. Manuals and specifications for older equipment may be available online.) <input type="checkbox"/> Equipment Schedule <input type="checkbox"/> Finish Schedule for each room (including floors, walls, ceiling and covered juncture bases) <input type="checkbox"/> Copy of Division of Corporation <input type="checkbox"/> If not the registered agent: a notarized letter to conduct business on his/her behalf |
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SECTION 2 - CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS:

- Show the location and when requested, elevated drawings of all 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.
- Ensure specialized equipment is clearly labeled if applicable. (e.g., blast chillers, ice baths, etc.)
- Identify all food preparation areas and indicate whether they will be used for raw foods and ready to eat foods.
- Label areas used for dry storage. (Ensure adequate dry storage-20% of kitchen area recommended.)
- Label separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Label all restrooms, plumbing fixtures (toilets, urinals, lavatories), mechanical exhaust, vents, and/or fans.
- Label all handwashing sinks within each food preparation area, bar and dishwashing area.
- Label areas where dirty equipment will be stored prior to washing, and where clean wet and clean dry equipment and utensils will be stored.

- Label all warewashing equipment. (3- compartment sink and warewashing machines.)
- Label areas for pre- scraping, pre-flushing, or pre-soaking and for air drying clean equipment and utensils.
- Label service sink or curbed cleaning facility (utility sink, mop sink or can wash area).
- Label grease interceptors (should not be located within food storage, food preparation, or clean equipment storage areas. Readily accessible for cleaning).
- Label dumpster location.
- Label areas for storing toxic chemicals.
- Label auxiliary areas such as dining areas, storage rooms, garbage rooms, dressing rooms, locker areas, and employee rest areas.
- Seating capacity stated on plans.
- 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.
- Lighting schedule with protectors.
- Ventilation schedule for each room.

SECTION 3 - OPERATION DETAILS

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 _____

<input checked="" type="checkbox"/>	STYLE OF FOOD OPERATION. Check the box below which best describes your operation.
<input type="checkbox"/>	Full Service. Complete food preparation occurs, including the handling, cooking, and service of unpackaged foods. Cooking and reheating of raw meat and/or commercially processed food, cooling food overnight.
<input type="checkbox"/>	Pre-Packaged Service. All food is pre-packed and no food or drink preparation occurs. Convenience stores on school campuses may select this.
<input type="checkbox"/>	Bulk dispensing Service. Food is prepared from an approved source (restaurant/caterer) and is plated for customer service. Overnight storage of food from the restaurant/caterer is not done.
<input type="checkbox"/>	Bar/lounge. Only beverages and commercially prepackaged non-Time/Temperature Control for Safety (TCS) foods are sold.
<input type="checkbox"/>	Other. Please specify with added documentation.

DAYS/HOURS OF OPERATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Is this a Seasonal Operation? YES NO

If YES, explain: _____

OTHER OPERATIONAL INFORMATION

Anticipated Total Number of Food Workers	
Maximum. Number of Food Workers per Shift	
Total Food Service Area (sq. ft)	
Total Facility Area (sq. ft)	
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"/>	Buffet/Self-Service

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

Customer Utensils: Single-Use/Disposable Plates Glassware Utensils (forks, knives, spoons, etc.)
 Multi-Use/Reusable Plates Glassware Utensils (forks, knives, spoons, etc.)

Kitchen Utensils: Single-Use/Disposable Serving trays/pots/pans Utensils (tongs, knives, spoons, etc.)
 Multi-Use/Reusable Serving trays/pots/pans Utensils (tongs, knives, spoons, etc.)

FOOD PREPERATION REVIEW

Check the menu items in the left-hand column below which will be prepared and/or served. Check those food operations in the right-hand column below which will occur at your facility.

<input checked="" type="checkbox"/>	Food Item	<input checked="" type="checkbox"/>	Food Operation
	Thin meats, poultry, fish, eggs (e.g. hamburger, sliced meats, fillets)		Refrigeration of foods
	Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)		Cooling food which have been heated or cooked
	Cold processed foods (salads, sandwiches, vegetables)		Cooking foods
	Green Salads		Hot holding foods
	Sandwiches		Reheating foods which have been prepared on-site
	Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)		Preparing foods one day for service the next day
	Rice or Beans		Preparing/cooking raw meat
	Bakery goods (e.g. pies, custards, cream fillings and toppings)		Washing produce such as lettuce, tomatoes, apples

Check the method(s) below which you plan to use if you are cooling hot foods.

<input checked="" type="checkbox"/>	Approved Cooling Methods
	Placing foods in shallow heat-conducting pans such as stainless steel
	Separating the food into smaller or thinner portions
	Using rapid cooling equipment
	Using containers that facilitate heat transfer
	Adding ice as an ingredient
	Inserting appropriately designed containers in an ice bath and stirring
	In accordance with a HACCP plan (HACCP plan must be submitted for review and approval)

SPECIALIZED PROCESS

Indicate any specialized processes that will take place. Please attach supporting documentation for your specialized process.

- Curing Acidification (sushi, etc.) Smoking Live Molluscan shellfish
- Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)
- Custom Processing Sprouting Other

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOOD (TCS)

Indicate applicable thawing method(s) that will be used:

- Under Refrigeration
- Running water less than 70°F (21°C)
- Cooked from frozen
- Microwave (as part of cooking process)
- Other (describe) _____

WAREWASHING FACILITIES

Select the type of warewashing to be used:

- Manual
- Mechanical

What sanitizer will be used for **manual**:

- Chlorine
- Iodine
- Quaternary Ammonium
- Hot Water
- Other: _____

What sanitizer will be used for **mechanical**:

- Chlorine
- Iodine
- Quaternary Ammonium
- Hot Water
- Other: _____

Will the largest pot and pan fit into each compartment of the sink? YES NO

FOOD SUPPLIES:

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

2. Please indicated projected days and times for deliveries (h:MM am/pm format):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Frozen Foods							
Refrigerated Foods							
Dry Goods							

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

- a. Frozen storage: _____
- b. Refrigerated storage: _____
- c. Dry storage: _____

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

I hereby certify that all the information I have provided is correct. I understand that if I failed to complete the plan review guide or submit the required supporting documents, my plan review will be delayed.

Completed by: _____ Date: _____

Title: _____

****FOR OFFICE USE ONLY****

Plans approved with the noted and attached provisions

Plan Review approved by:

Signature

Date