

## Plan Review and Permitting Guidelines for a Permanent Food Service Establishment

This plan review summary is designed to guide you through the process of permitting a food establishment through the Kittitas County Public Health Department (KCPHD). This overview addresses general requirements for permanent food establishments that need to be completed and submitted to KCPHD for review and approval. Permit may be delayed if the application is incomplete or if changes are necessary (to the food service establishment) to meet code requirements.

A plan review packet must be submitted for approval to open a new construction or a remodeled food establishment.

All plan review packets must include:

- Completed Plan Review Application
- Establishment Floor Plans
  - Site Plan (applicable wells, septic system, streets, parking, etc.)
  - Equipment Specification and Location (make and model of all equipment)
  - Finish Schedule (materials used for floors, walls, and ceilings)
  - Seating Arrangements (both indoor and outdoor seating)
- Detailed Menu
  - Food Preparation Steps/Flow Chart

Application Process

- Submit plan review packet and permit application 30 days before the projected opening date.
- Plan Review and Permit fee payments must be submitted together.
- Plan Review Fees may include one or more of the following pre-operational costs *in addition to* your permit fee.
  - Food Service Remodel - \$625
  - Food Service Plan Review - \$965
  - Change of Ownership - \$130
  - Re-Opening, Same Owner - \$320
- Applications are reviewed on a first come first serve basis.
- Please call to schedule a pre-opening inspection 30 days in advance of expected opening date. Inspectors schedule pre-opening inspections on a first come first serve basis.

You may also need additional permits with:

- Kittitas County Community Development Services
- Local City Building Department
- Kittitas County or City Fire Marshall
- Washington Department of Licensing or City Clerk
- Washington State Department of Labor & Industries



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 Ellensburg, WA 98926  
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 www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY
Accepted By: _____
License #: _____
Date Processed: _____
Receipt #: _____

## Plan Review Application for Permanent Food Service Establishments

**Establishment Information**

Name of Establishment: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number \_\_\_\_\_

If facility changed named, previous name: \_\_\_\_\_

Ownership:  Individual  Partnership  Association  Corporation  Other: \_\_\_\_\_

**Business Owner Information**

Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information – If not the business owner**

Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Food Operation Information:**

Hours/Days of Operation	Restaurant Seating Capacity	Type of Service (check all that apply)	Employees
<input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tue: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	# Of Indoor Seats _____ # Of Outdoor Seats _____	<input type="checkbox"/> On-Site Consumption <input type="checkbox"/> Off-Site Consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-Use Utensils <input type="checkbox"/> Multi-use Utensils <input type="checkbox"/> Other: _____	Max Per Shift: _____  <b>Meals Served:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

### Potable Water Source

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(Water used in food establishments must meet drinking water quality standards in accordance with WAC chapters 246-290 and 246-291)

Name of Public Water System: \_\_\_\_\_ Water System I.D. #: \_\_\_\_\_

Connecting to a well?  YES  NO

(In order to use your own potable well, you must have the water system approved as a public water system from Kittitas County Public Health Department or the Washington State Department of Health. Please contact our office to determine the approval requirements. Your water system must be approved prior to operating the food service establishment)

Hot and cold running water provided to all required fixtures (must satisfy peak hot water demand)?  YES  NO

Handwashing sink for employees accessible at all times of operation (within 25ft, minimum of 100°F)?  YES  NO

Three compartment sinks with potable hot and cold running water to wash, rinse, and sanitize?  YES  NO

Potable water is provided from a source constructed and operated according to law that meets the peak water demands of the food establishment?  YES  NO

### Liquid Waste Disposal

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(All sewage including gray water shall be disposed into a public sewage system or an individual sewage disposal system constructed and operated according to law. When individual sewage disposal systems are utilized, the location shall be noted on the plans and certification of compliance with state and local regulations shall be provided)

Name of Public Sewer System: \_\_\_\_\_

Connected to an on-site sewage system?  YES  NO

(If your establishment is connecting to an on-site sewage system, a review of our records will be accomplished to ensure it was permitted and approved. Food Establishment sewage systems are required to be checked on an annual basis. The owner is required to supply the Kittitas County Public Health Department with a record of any maintenance or checks performed annually. A list of septic system pumpers is available at our office)

Grease trap installed and accessible for easy cleaning?  YES  NO

### Establishment Requirements

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Floor plan drawing, to scale (All fixed equipment on the floor plan and finished material for all areas)?  YES  NO

Equipment specification and location?  YES  NO

A detailed menu with appropriate consumer advisory if necessary?  YES  NO

A complete food preparation flow chart?  YES  NO

Effective measures to minimize entry of pest(s)?  YES  NO

Exposed or unprotected sewer lines/utility lines are constructed in a manner that does not subject foods or food containers to contamination?  YES  NO

Adequate Lighting?  YES  NO

Light bulbs are shielded, coated or shatter resistant in areas where food is exposed?  YES  NO

**(Clean equipment, utensils, linens, or unwrapped single-service and single-use articles)**

Durable, easily cleanable, leak-proof, covered garbage and refuse containers provided (**inside & outside**)?  YES  NO

Appropriate thermometers for refrigeration units and food preparation areas?  YES  NO

**(Stem-type thermometer or thermocouple capable of measuring all proper food temperatures)**

Food equipment is certified/classified for sanitation by an American National Standard Institute (ANSI)?  YES  NO

Individually packaged or dispenser bottles for condiments protected from contamination?  YES  NO

Only single serving articles are provided for use to the consumer?  YES  NO

Seating will be provided for customers (**customers must have access to restroom**)?  YES  NO

Backflow protection installed in accordance with applicable codes?  YES  NO

All finished surfaces are safe, durable, easily cleanable, nontoxic, noncorrosive, nonabsorbent, light in color, smooth and ANSI certified?  YES  NO

Hot and cold running water provided to all required plumbing fixtures?  YES  NO

Food preparation sink available?  YES  NO

Handwashing sink provided with hand cleaning soap and hand drying provision?  YES  NO

Three compartment sink and food prep sink indirectly drained?  YES  NO

Commercial food service dishwasher installed?  YES  NO

Two-foot backsplash provided behind all sinks and food preparation surfaces?  YES  NO

Permeable food storage containers are kept 6 inches off the floor and protected from contamination?  YES  NO

Separate area for cleaning equipment (**mops, brooms, chemicals, etc.**)?  YES  NO

Mop sink installed?  YES  NO

Designated location/area for employee storage?  YES  NO

Exhaust hoods and fire suppression systems constructed and installed according to applicable codes?  YES  NO

**(Exhaust ventilation systems in food preparation and warewashing areas including components such as hoods, fans, guards, and ducting must be designed to prevent grease/condensation from draining or dripping onto food, equipment, utensils, linens, and single-use articles)**

## Food Preparation Flow Chart

List all menu items and mark each food preparation step that will occur on site:

Food	Thaw	Prep	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portioned	Storage
Example: Tacos	X	X			X				
1.									
2.									
3.									
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21.									
22.									
23.									

### Floor Plan **EXAMPLE**

Copies of the equipment floor plan must be submitted with the name and address of the establishment, contact person and phone number.

Each plan must be clear and legible and show in detail the following:

- Number, type, and location of sinks and drain boards
- Refrigeration and cooling equipment
- Cooking, reheating, and hot holding equipment
- Food preparation and service areas
- Employee restrooms
- Customer restrooms (required if you have indoor and outdoor seating)
- Hot water heater
- Dry goods storage area (show detail of shelving area and describe type of shelving)
- Employee storage (required)
- Service, bus or wait areas

All equipment must be labeled on the floor plan and correspond to the equipment list.

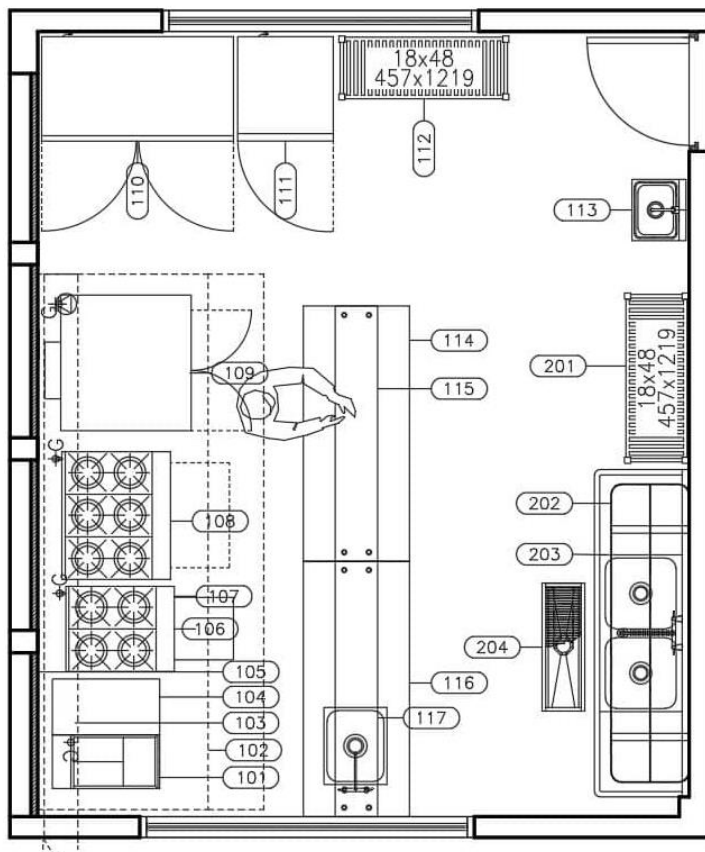
This plan is meant to illustrate health department requirements only

Facility Name: Eburg Diner

Facility Address: 123 Main Street, Ellensburg, WA 98926

Contact Person: John Doe

Contact Phone: 509-888-7777



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| <p>101-GAS FRYER<br/>102-HOOD 48"<br/>103-EXTRACTION DUCT<br/>103A-INJECTION DUCT<br/>104-SEPARATING TABLE<br/>105-STAINLESS STEEL COATING<br/>106-STOVE 4H TABLE<br/>107-SUPPORT TABLE<br/>108-STOVE 6 H<br/>109-CONVECTION OVEN<br/>110-FREEZER<br/>111-REFRIGERATOR<br/>112-SHELVING UNIT<br/>113-HANDS SINK<br/>114-COOK TABLE<br/>115-DOUBLE SHELF<br/>116-COOK/SINK TABLE<br/>117-DOUBLE SHELF</p> |
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| <p>201- SHELVING UNIT<br/>202- SINK<br/>203- POT HANGER<br/>204- DRAINAGE</p> |
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### Food Establishment Equipment Schedule

Item NO.	Item Description	Manufacturer	Model NO.
Example	6 Burner Range	ABC Manufacturer	A-126-GT
1.			
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19.			
20.			

### Finish Schedule

Area	Floor	Wall	Ceiling
Example: Dry Storage	Sheet Vinyl	Stainless Steel	Aluminum