

PLAN REVIEW APPROVAL PROCESS FOR A RETAIL FOOD ESTABLISHMENT

Every food establishment must go through plan review at first construction and whenever:

- The business changes owners
- The building is remodeled or new equipment is added
- The menu is significantly changed.

Please note, Skagit County Public Health only permits retail food establishments. **If you are *only* preparing food for wholesale, you may not need a plan review or food service permit from our department. Contact the Washington State Department of Agriculture (WSDA) or the U.S. Department of Agriculture (WSDA) for their requirements.**

Plan Review Steps:

1. Contact your local zoning, building, fire, or other permit approval. See Appendix B of the plan review application for contact information.
2. **Complete and submit the plan review application with the plan review fee payment and all required supplemental documentation. We will not review incomplete applications. Allow 30 days for review.**
3. We will review the application for compliance with WAC 246-215. **All feedback on plans will be via e-mail.** Please let us know at the time of application if you are unable to use email. We will provide final written approval and may require modifications to the submitted plans. Incomplete/unapproved plans will remain on file for two years from time of submission, then will be discarded. **Approved plans will be valid for two years from approval - if construction is not completed within 2 years, you must reapply.**
4. **For remodel or new construction:** Complete project and schedule a pre-opening inspection. Allow two weeks to schedule the inspection. Construction must be complete per plans with all equipment, plumbing, and finishes installed and working. **Make sure that you have approval from all applicable building officials, fire marshals, L & I, etc. BEFORE you schedule the food establishment permit pre-opening inspection.**
5. Obtain final approval of the food establishment re-opening, construction, or remodel project from our department during the pre-opening inspection. Complete the application for the annual operating permit for your establishment and pay all applicable annual permit fees.
6. Open the food establishment and begin service. We will mail the operating permit. Your first routine inspection will be unannounced within approximately 45 days of opening.

See the plan review application for the current fees and categories. You may be assessed more than one charge. For example, if you are changing ownership of an existing establishment and significantly changing the menu, you may be charged both fees.

You may request a consultation with a plan reviewer at the hourly rate.

Skagit County Public Health
MINIMUM FOOD ESTABLISHMENT FACILITY AND EQUIPMENT REQUIREMENTS

All retail stationary food establishments in Skagit County must follow these minimum requirements. A complete description of the retail food establishment facility and equipment requirements can be found in the Washington Administrative Code (WAC) 246-215 and Skagit County Code 12.36. See www.skagitcounty.net/food for more information.

- Hard line plumbing to a public drinking water system, approved by Public Health
- Fixed sewer connection OR septic system approved by Public Health to handle food service wastewater
- Hot and cold running water to provide water at least 100 degrees F to the:
 - Dedicated hand washing sink in each food preparation area and restroom
 - Three-compartment dishwashing sink— adequate in size to immerse the largest cooking tool and with adequate drain boards on both sides, indirectly drained
- Air gaps between the faucets and the flood level rim of the plumbing fixtures (sinks) that are at least twice the diameter of the water supply inlets and not less than one inch
- Designated space to store equipment/utensils/dishes waiting to be washed/rinsed/sanitized
- Designated space for equipment/utensils/dishes to air dry after sanitizing
- Single use towel dispensers and liquid soap dispensers provided at all hand washing sinks
- Four-inch mop-board or sealed impermeable junctions at all floor/wall interfaces in food preparation, dishwashing, and food storage areas
- Restrooms for staff (and public if seating is provided) with flush toilets and hand wash sinks
- Food equipment that is certified or classified for sanitation by an (ANSI)-accredited certification program (such as NSF) and that is adequate for the intended use
- Walls, floors, ceilings, partitions in food preparation and food storage areas durable, lightly colored, smooth, non-absorbent, accessible for cleaning, and easily cleanable
- Food contact surfaces of utensils and equipment are durable, non-toxic, and corrosion resistant
- Lighting that is adequate and has shatter proof covers in all food preparation and storage areas
- Storage adequate and appropriate for all food service operations, including food storage, employee personal belongings, cleaning supplies, garbage
- Screens on windows, entrances, exits, and any other openings sufficient to exclude pests
- Durable, easily cleanable, leak proof covered garbage containers adequate for facility
- Mop sink or curbed cleaning facility for rinsing mops and floor mats, and disposing mop water

Other facility or equipment requirements may apply depending on the menu or type of food services provided:

- Refrigeration adequate for cooling of hot foods for later service
- Raw meat food preparation areas and equipment (designated surface, separate knives, sinks and cutting boards) to prevent cross contamination with other foods
- Produce preparation areas and equipment, designated and separate from any raw meat preparation area and equipment
- Food preparation sink dedicated for thawing or rinsing raw meat or fish **only**.
- Food preparation sink(s) for washing fruits and vegetables, rapidly cooling hot foods in ice water, or thawing non-meat food products under cold running water (separate raw-meat sink)
- Grease interceptor or trap on wastewater line. Check with you building department or sewer authority
- Sneeze guard if a salad bar or a self-service buffet table is provided.



Skagit County Public Health
Environmental Health
Food & Living Environment
Food Establishment Plan Review
Application

<i>Office Use Only</i>	
Est. ID: _____	INV#: _____
RCVD Date: _____	By: _____
<i>EH Use Only</i>	
Risk Level _____	Reviewer: _____
Date Appr.: _____	Permit Date: _____

Instructions: Complete entire application. See checklist for a list of additional documents to submit with your application. Incomplete applications will not be accepted.

Check all that apply and sum fees. Fees are waived for DFDO applicants with proof of eligibility.			
Fees	<input type="checkbox"/> New Food Establishment	New construction or no previous permit	\$600.00
	<input type="checkbox"/> Remodel/Menu Change	Change equipment or finish in existing food prep area or significant menu change	\$375.00
	<input type="checkbox"/> Change of Ownership	New business/individual operating existing permitted establishment	\$250.00
	Total:		\$

Additional fees may apply for staff review of equipment variances, special process, or if you request a consultation.			
Other Charges	<input type="checkbox"/> Special Process/HACCP	For first 5 hours of review. After 5 hours, the hourly rate will apply.	\$500.00
	<input type="checkbox"/> Variance – Equipment	For the first 2 hours of review. After 2 hours, the hourly rate will apply.	\$200.00
	<input type="checkbox"/> Consult	Available upon request, as staffing permits.	Hourly Rate
	Total:		\$

Provide the name and contact information of the cardholder if you wish to pay by credit/debit card. **DO NOT ENTER THE CARD INFORMATION.** Skagit County Public Health staff will contact you to make payment over the phone.

Card Pmt	Cardholder Name	
	Cardholder Phone	

Establishment	Establishment Name			
	Street Address			
	City, State, Zip			
	Phone		Email	
	Manager Name		Title	

Ownership	Owner Name		UBI		
	Mail Address				
	City, State, Zip				
	Phone		Email		
	Type	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation

Project Contact	Project Manager Name		Title	
	Start Date		Completion Date	
	Street Address			
	City, State, Zip			
	Phone		Email	

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Building/Fire	Building Department		Date Contacted	
	Fire Department		Date Contacted	
	Planning/Zoning		Date Contacted	
	Requirements from planning/building/fire:			

Facility	Has this location been previously permitted by Skagit County Public Health?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes:	What was the establishment name?			
		When did it close?			

Water /Wastewater	Water	<input type="checkbox"/> Municipal	Utility Name			
		<input type="checkbox"/> Well	ID #	Type	<input type="checkbox"/> A	<input type="checkbox"/> B
	Sewer	<input type="checkbox"/> Municipal	Utility Name			
		<input type="checkbox"/> Septic	Date Last Inspection			
	Grease	<input type="checkbox"/> Grease Trap/Intercept	Size (gal)			<input type="checkbox"/> None
		Location		Service Frequency		

Hot Water	Manufacturer		Model	
	Tank Size (gal)		<input type="checkbox"/> Tankless	Recovery Rate (gal/hr)
	Dishwasher Booster Heater	Manufacturer:		Model Number:

Staff & Service	Total # staff		Max # staff/shift			
	Outdoor equipment	<input type="checkbox"/> None	<input type="checkbox"/> Bar	<input type="checkbox"/> Server Station	<input type="checkbox"/> Grill/smoker	<input type="checkbox"/> Refrigerator
	Meals Served	<input type="checkbox"/> Breakfast, # _____	<input type="checkbox"/> Lunch, # _____	<input type="checkbox"/> Dinner, # _____	<input type="checkbox"/> Drinks Only	<input type="checkbox"/> Snacks Only
	Type of service	<input type="checkbox"/> Sit down	<input type="checkbox"/> Take-out	<input type="checkbox"/> Catering	<input type="checkbox"/> Mobile	<input type="checkbox"/> Delivery
	Type of service ware	<input type="checkbox"/> Single-service (disposable)		<input type="checkbox"/> Reusable (durable, washable)		<input type="checkbox"/> Both

Risk Categories	<p>Low Risk – RL 1 Packaged food or minimal reheating of commercially prepared, pre-cooked food items from licensed processor. Minimal time/temperature control for safety food. Prohibited activities: handling raw meat, cooling foods, washing produce, assembling sandwiches Examples: snack bar with hot dog roller, packaged food market, espresso stand</p>
	<p>Medium Risk – RL 2 Limited preparation and handling of time/temperature for safety food. Produce may be washed and chopped on site. Minimal preparation of raw meat/seafood Prohibited activities: cooling time/temperature control for safety foods Examples: sandwich counter, snack bar cooking burgers from raw, espresso stand with smoothies</p>
	<p>High Risk – RL 3 Complex food preparation including cooking, cooling, or reheating a variety of foods. May include special processes or serving raw/undercooked meat/seafood. Examples: diner, full-service restaurant, an establishment with an approved special process or HACCP plan</p>

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1. Food Preparation and Source

Operations	Select all ways you intend to prepare, handle, serve or store food. Items marked with a * require additional written plans.
	<input type="checkbox"/> Refrigerate commercially packaged foods
	<input type="checkbox"/> Refrigerate food made on site
	<input type="checkbox"/> Reheat commercially prepared food (hot dogs, frozen breakfast sandwiches)
	<input type="checkbox"/> Cook meat, poultry, seafood, or eggs from raw
	<input type="checkbox"/> Hot hold food after reheating or cooking
	<input type="checkbox"/> Cool food after cooking or reheating *
	<input type="checkbox"/> Wash produce
	<input type="checkbox"/> Thaw or wash raw meats
	<input type="checkbox"/> Use time as a public health control without temperature control *
	<input type="checkbox"/> Serve a Highly Susceptible Population
	<input type="checkbox"/> Thick meats, whole poultry (roast beef, pork shoulder, whole turkey or chicken)
	<input type="checkbox"/> Fresh or live molluscan shellfish (oysters, mussels, clams, scallops)
	<input type="checkbox"/> Foraged mushrooms, berries, seaweed, nettles, or other foraged foods *
	<input type="checkbox"/> Freezing seafood for parasite destruction *
<input type="checkbox"/> Raw or lightly cooked fish (including sushi or ceviche) *	
<input type="checkbox"/> Handle ready-to-eat foods directly with bare hands *	
<input type="checkbox"/> Make food to sell to another retail food establishment (restaurant, espresso stand, market, etc.) *	

Special Process	If you are doing any of the following items, you must submit a HACCP plan for review. A variance may be required.
	<input type="checkbox"/> Reduced oxygen packaging, including vacuum packaging, canning, sous vide, or cook-chill
	<input type="checkbox"/> Use food additives or components to improve shelf-life or render foods shelf-stable (curing, acidified sushi rice)
	<input type="checkbox"/> Smoking (for preservation), drying, or dehydrating
	<input type="checkbox"/> Molluscan shellfish life support system display tank (not lobsters or crabs)
	<input type="checkbox"/> Custom processing animals
	<input type="checkbox"/> Juice processing or packaging
	<input type="checkbox"/> Sprouting
<input type="checkbox"/> Fermentation (including yogurt, pickles, sauerkraut, sausage, kimchi, etc.)	






If you will store, prepare, serve, or otherwise handle food by any other means, attach additional information.

Food Sources	Provide the source information for foods you intend to serve. All food must be from an approved source.		
	Food Item	Source	Location
	<i>Example: pastries</i>	<i>Jane's Bakery</i>	<i>Mount Vernon, WA</i>
	<i>Example: frozen meats</i>	<i>National Supplier A</i>	<i>Bellingham, WA</i>

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		Yes	No
Handwashing and Toilets	Is there a hand washing sink within 25 ft of each food preparation and dish washing area?		
	Is there a handwashing sink within or immediately adjacent to each toilet room?		
	Are all handwashing sinks dedicated to handwashing only?		
	Is hot and cold running water, under pressure, available at each handwashing sink?		
	Do all hand washing sinks have a mixing valve or combination faucets (single faucet per sink)?		
	Do self-metering faucets provide water flow for at least 15 seconds without reactivation?		
	Is soap available at all hand washing sinks?		
	Are hand drying facilities (paper towels, air-blowers, etc.) available at all sinks?		
	Is a hand washing sign posted at each handwashing sink?		
	Are garbage cans available in each restroom?		
	Do toilet room doors close tightly and automatically?		
	Do all toilet rooms have mechanical ventilation?		

Food Safety Method: Cooling Methods. You may cool in a shallow, uncovered pan under refrigeration without monitoring cooling temperatures. For all other methods you must cool from 135° F to 70° F in 2 hours or less AND from 70° F to 41° F in 4 hours or less and you must maintain logs. Attach a sample log to this application.





Cooling Method	Shallow pan (2 in max) 	Ice Paddles/Sticks 	Ice Baths 	Rapid Chill Equipment 	Volume Reduction 
Example: Pinto Beans	X				X
Solid Food: Roast(s), Turkey, Steaks					
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce,					
Baked /Boiled Potatoes					
Pasta/Noodles					
Deli Salads (Tuna/Chicken)					
Other: _____					
Other: _____					

Food Safety Method: Temperature Maintenance During Preparation – How will you minimize the length of time that TCS foods will be out of temperature control during preparation?

What Method?	Beef/Pork	Poultry	Fish/Shellfish	Vegetables	Grains/Noodles
Prep and Store Immediately					
Volume Reduction					
Time-Temp Indicators (TTI)					
Refrigerated Preparation Areas					
Store Food on Ice					

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Food Safety Methods – Thawing: Mark how food will be thawed in the establishment. You may not thaw food on the counter.

	Refrigerator 	Under running water **Requires dedicated meat prep sink** 	Cooked from Frozen 	Microwave as part of cooking process 
Beef/Pork				
Poultry				
Fish/Shellfish				
Cooked fruit/vegetables				
Cooked grains				
Cooked noodles				
Other: _____				

Food Safety Method: Cooking Methods –

Column “Equipment”- Stove Top, Oven, Grill, BBQ, Broiler, Rotisserie, Steamers, Microwave, Other
 Column “Cooking Method”- Baking, Blanching, Boiling, Barbeque, Broiling and Grilling, Curing, Frying, Poaching, Roasting, Smoking, Simmering, Steaming, Moist heat, Dry heat, Other
 Column “Verify Final Cook Temperature”- Logs, Assigned Staff, Random Checks, By SOP, By equipment design, RTE (None Required) Not applicable

Cooking Method	Equipment	Cooking Method	How will you verify final cook temperature?
<i>EX: Hamburger</i>	<i>Grill</i>	<i>Barbequing</i>	<i>Log</i>
Eggs			
Fish			
Whole Meat			
Ground Beef			
Pork, Veal, Lamb			
Chicken, Turkey			
Stuffed Items (chili, enchiladas, pasties, empanadas)			
Reheating – commercially prepared			
Reheating – made in-house			
Plant Food for Hot Holding			
Other: _____			

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2. Equipment: List all equipment in your establishment. Use additional pages if necessary and ensure each item is on your floor plan.

Specify the number and type of each piece of cold-storage equipment in your establishment and the type of thermometer used in the unit. Ensure each item is included on your floor plan. Attach additional list if needed					
Cold Storage	Cold Storage Equipment	#	Make	Model	Thermometer Type
	Sandwich Prep/Deli-top				
	Under-counter/Lowboy				
	Reach-In Refrigerator				
	Reach-In Freezer				
	Walk-in Refrigerator				
	Walk-in Freezer				
	Refrigerated drawer				
	Ice for display or working supply				
	Other:				





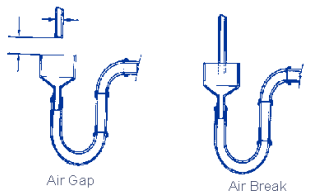
Mark the type and number of each piece of cooking/hot-holding equipment in your establishment. Mark whether the item will be used to cook, reheat, and/or hold food hot. Ensure each item is included on your floor plan.							
Cooking and Hot Holding Equipment	Type	#	Make	Model	Used for		
					Cooking	Reheating	Hot-holding
	Stove						
	Oven						
	Convection Oven						
	Fryer						
	Flame Grill						
	Griddle						
	Salamander						
	Steamer						
	Hot Holding Table						
	Panini Grill						
	Microwave						
	Rotisserie						
	Barbeque						
	Smoker						
	Toaster						
	Rice Cooker						

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Specify the number of each type of plumbing equipment. Check the appropriate box for the type of backflow prevention on the water supply and the method of drainage. See end of table for explanation of

	Water Supply						Drainage		
	#	Air gap	RP	AVB	PVB	HB	Direct	Air Gap	Air Break
<i>Example: Mop sink</i>	1				X		X		
3-compartment sink									
2-compartment sink									
1-compartment sink									
Mop Sink									
Handwashing Sink									
Beverage Dump Sink									
Dishwasher									
Soda Machine									
Espresso Machine									
Coffee Machine									
Beverage gun									
Water softener									
Condensation line									
Detergent feeder									
Chemical mixing unit									
Wok range									
Steam Table									
Kettle/Rethermalizer									
Hose connection									

Plumbing Fixtures

<p>AVB: Atmospheric vacuum breaker</p> 	<p>PVB: Pressure Vacuum Breaker</p> 	<p>RP: Reduced Pressure Assembly</p> 	<p>HB: Hose Bib Vacuum Breaker</p> 
 <p>Indirect Waste</p>		<p>Air Gap: The open vertical space between the water outlet and the flood level of a fixture.</p>	<p>Air Break: An indirect connection between the drain line which terminates below the flood level of a fixture.</p>

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Food Safety Method: Dishwashing – Check as many as apply <input type="checkbox"/> Not applicable		
Dishwashing Methods: <input type="checkbox"/> Dish Machine No.: _____ <input type="checkbox"/> Manual Sink(s) No.: _____		
Manual Compartment Units <input type="checkbox"/> Not applicable		
1. Does the largest pot or pan fit into each compartment of the sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) If no describe cleaning procedure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are there drain boards at both ends of the sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. How many compartments are being used for ware washing? <input type="checkbox"/> 2-Compartment <input type="checkbox"/> 3-Compartment		
Dishwashing Machines <input type="checkbox"/> Not applicable		
1. Is a hood required for the machine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do all the machines have metal plates with operating instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do all the machines have temperature and pressure gauges as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Equipment	Chlorine 50-100 ppm	Quaternary Ammonium 200-400 ppm	Hot Water – Machine	Hot Water - Manual	Other (attach product specs)
<input type="checkbox"/> Cooking Equipment					
<input type="checkbox"/> Dishware					
<input type="checkbox"/> Cutting Boards					
<input type="checkbox"/> Counter Tops					
<input type="checkbox"/> Clean-in-Place Items					
<input type="checkbox"/> Food Contact Surfaces					
<input type="checkbox"/> Non-Food Contact Surfaces					
<input type="checkbox"/> Floors and Walls					
<input type="checkbox"/> Ventilation System (Hood)					
<input type="checkbox"/> Laundry Facilities					

Finish Schedule	Floors		Walls		Ceilings	
	Material	Base	Material	Finish	Material	Finish
	<i>Example: Kitchen</i>	<i>Sealed concrete</i>	<i>4 in rubber</i>	<i>Drywall</i>	<i>FRP</i>	<i>Acoustical Tile</i>
Kitchen						
Dishwashing						
Dry Storage						
Prep Area						
Bathrooms						
Dining Room						
Garbage/Refuse Area						
Custodian Closet						
Walk-in units						
Bar/server station						
Other: _____						

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General

How do you label working containers of chemicals (spray bottles, sanitizer buckets, etc.)?

Describe how you will ensure garbage, recycling, and refuse will be handled. Describe storage locations (and mark on plans) and frequency of removal. Specify if you will use a vendor or self-haul.

Describe or attach your policy for when, where, and how employees must wash hands. Include how you monitor and enforce handwashing requirements.

Describe or attach your glove use policy. Include when staff are required to wear and change gloves.

Describe or attach how you will mark ready-to-eat time/temperature control for safety items held more than 24 hours after opening or preparation and when items will be discarded.

Include the following with your application:

<input type="checkbox"/> List with name, title, and address of all owners and/or officers	<input type="checkbox"/> Employee Illness Policy – see template
<input type="checkbox"/> Site Plan showing location of business on parcel and any outside storage, dumpsters, wells, septic systems, etc.	<input type="checkbox"/> Cooling & reheating plan, if you will be cooling any food prepared in the establishment
<input type="checkbox"/> Floor Plan drawn to scale clearly showing all equipment, plumbing, etc. in the building – see Appendix A	<input type="checkbox"/> Written procedures/HACCP/Variance materials as required by checklist on page 3
<input type="checkbox"/> Vomit & Diarrhea Clean-up Plan – see template	<input type="checkbox"/> Commissary Agreement if you are supporting your food establishment from a separate location
<input type="checkbox"/> Menu include special event, catering, or takeout menus	<input type="checkbox"/> Custom Equipment: Shop drawings of all custom-built equipment

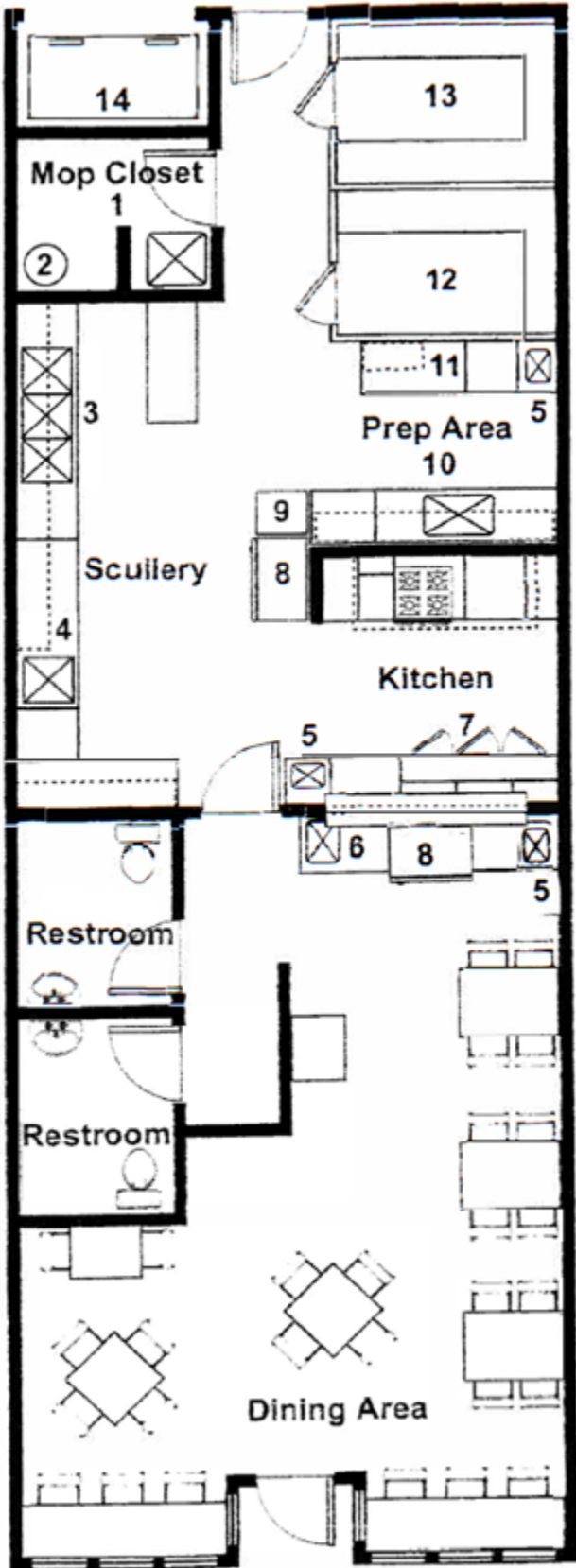
By signing this application, I attest that this application is complete and accurate. I affirm that I will comply with the requirements of WAC 246-215 and SCC 12.36. I agree to pay additional hourly fees incurred for review of these plans in accordance with current Schedule of Charges. I understand that approval of plans does not constitute approval to permit or operate and that all changes in operations must be approved in advance.

Signature		Date	
Print Name		Title	

Skagit County Public Health - Food Establishment Plan Review Application

Appendix A: Example Floor Plan. Please draw your own establishment at a minimum scale of ¼ in per 1 ft

Refuse Area



	Equipment Schedule	Make	Model
1	Mop sink	Acme	MOP123
2	Hot water heater	Acme	HW-125
3	3 Compartment sink	Acme	SS-3COM
4	Dishwasher with pre-rinse sink	Acme	DW-123
5	Handwashing sink	Acme	HW101
6	Water fill station /dump sink	Acme	DS201
7	Prep cooler	Acme	PREP300
8	Reach in cooler with work top	Acme	REA300
9	Ice machine	Acme	ICE888
10	Produce prep sink	Acme	PS231
11	Work counter with slicer	Acme	SS-1
12	Walk in cooler	Acme	WI45
13	Walk in freezer	Acme	WF45
14	Garbage and recycle area	N/A	N/A
Scale: 1/4 inch = 1 foot			

Floor Plan Requirements:

- Minimum of 8.5 x 11 inches
- Drawn to scale at a minimum of 1/4 inch = 1 foot
- Specify seating capacity, both indoors and outdoors
- Show the location and when requested, elevated drawings of all food equipment. Include:
 - All hand washing stations, restrooms, sinks, & hot/cold holding equipment
 - Location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections
 - Elevations of sneeze guards or barriers at customer self-service lines
 - Storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
 - Toxic chemical storage areas, dressing rooms, locker areas, and break areas
 - Entrances, exits, loading/unloading areas and docks;
 - Outdoor cooking, server stations or beverage dispensing equipment
 - Finish materials for all floors, walls, ceilings, and covered juncture bases