

FOR OFFICE USE

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Initial: \_\_\_\_\_ Row ID: \_\_\_\_\_ Parent: \_\_\_\_\_ Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
P.O. BOX 142529 Austin, TX 78714  
Phone (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)  
<https://austintexas.gov/department/fixed-food-establishments>



Walk-in Location for ILA and Travis County Only: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

### Food Enterprise Plan Review Application

**Establishment Information** *Note: Incomplete applications will not be processed and will be returned*

**Establishment Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Street (include Suite/Unit) City State Zip Code

**Enterprise Type:**  Service  Retail  Warehouse  Institution  Day Care  Other \_\_\_\_\_

**Service Type:**  Caterer  Seated  Carry Out  Mobile Vendor Commissary  Other \_\_\_\_\_

**Meals Served:**  Breakfast  Lunch  Dinner **Total Seating:** \_\_\_\_\_

**Total Staff Count:** \_\_\_\_\_ **Staff per Shift:** \_\_\_\_\_ **Operating Floors:** \_\_\_\_\_  
Total Staff (Full & Part Time) Max Staff/Shift Count Floors Operated On

**Food Type(s):** \_\_\_\_\_  
List All Food Types Served

**Ownership Information** *Print full legal names as they would appear on a Government Issued Photo ID(s)*

**Business Entity/Owner:** \_\_\_\_\_  
Last Name, First Name or Corporation

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####

**Applicant Information** *Print full legal names as they would appear on a Government Issued Photo ID(s)*

**Applicant Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####

**Plan Information** *Note: Remodel of existing buildings without a current food permit are classified as "New"*

**Submission Date:** \_\_\_\_\_ **Projected Start:** \_\_\_\_\_ **Projected Open:** \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

**Plan Designer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
Contact Name (###) ### - ####

**Water Provider:** \_\_\_\_\_ **Wastewater:**  Municipal Sewer  Approved Private Septic System (attach approval)  
Potable/Drinking Water

**Grease Trap:**  Provided  Not Provided **Location:** \_\_\_\_\_ **Total Gallons:** \_\_\_\_\_

**Review Type:**  New  Remodel **Sq. Ft:** \_\_\_\_\_ / \_\_\_\_\_ **Food Permit #:** \_\_\_\_\_  
Current Total Remodel If Applicable

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

**Fee Information:**

<b>Request Type</b>	<b>Contracted Municipalities* (ILA)</b>	<b>Unincorporated Travis County</b>
New Construction	\$312	\$10
Remodel > 10,000 Sq. Ft.	\$312	\$10
Remodel 2,500 – 10,000 Sq. Ft.	\$266	\$10
Remodel < 2,500 Sq. Ft.	\$221	\$10

**\* Not limited to Bee Cave, Lakeway, Manor, Pflugerville, Rollingwood, Sunset Valley, Volente, Westlake Hills**

**Application Submission Information:**

<b>Jurisdiction</b>	<b>Plans Required</b>	<b>In Person</b>	<b>By Mail</b>	<b>Online</b>
Contracted Municipalities	One (1) Set	1520 Rutherford Ln Bldg 1 Ste 205 Austin, TX 78754	PO BOX 142529 Austin, TX 78714	Online submission available
Unincorporated Travis County				

City of Austin information visit [Commercial Plan Review | AustinTexas.gov](https://abc.austintexas.gov/index) or <https://abc.austintexas.gov/index>

**DO NOT MAIL CASH PAYMENTS**

**City of Austin and ILA Jurisdiction:** Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX  
**Unincorporated Travis County Jurisdiction:** Cash, Check, Money Order  
Make checks and money orders payable to: Austin Public Health

**The Plan Review fee may be refundable upon request within 180 days from date of payment.**

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)), payment instructions will be emailed to you to make credit card payment over the phone for City of Austin and ILA jurisdictions.

# PLAN REVIEW CHECKLIST

The following information is required for all plan submissions reviewed by the Environmental Health Services Division (EHSD) - This list serves as a minimum requirement guide and is not all-inclusive

## The following items must be included on plans

1. **Plans** must be drawn to scale and show the location of all equipment, plumbing, electrical services and mechanical ventilation for the food establishment. Plans are reviewed by different staff based on the jurisdiction of the establishment.
2. **Site Plan Location of Building** including location of any outside equipment including dumpsters, well, septic system, etc.
3. **Manufacturer Specification Sheets** for each piece of equipment (refrigeration, water heaters, warmers, self-service hot and cold holding units with sneeze guards, etc.) upon request only for Contracted Municipalities and Unincorporated Travis County.
4. **Proposed menu** (including seasonal, off site and banquet menus)
5. **Equipment List**

## The following items must be included on plans cont'd *(additional information may be required)*

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to a minimum scale of 1/4" = 1 foot.
2. Show the location of all food equipment, fixtures, sinks, toilet facilities, etc. Each piece of equipment must be clearly labeled on the plan with its common name.
3. Provide room size, aisle space, space between and behind equipment and the placement of equipment on the floor plan.
4. Designate clearly on the plan all refrigeration equipment and hot hold equipment.
5. Designate auxiliary areas such as storage rooms, garbage rooms, toilets, cellars used for food storage or Food prep and employee break rooms (if provided). Storage area for employee personal items is required.
6. Designate materials used in each room including floors, walls and ceilings.
7. Plumbing: specify location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with **capacity and recovery rate**, backflow prevention, & wastewater line connections.
8. Lighting: (1) At least 10 foot candles required in walk-in refrigeration units and dry storage areas (2) At least 20 foot candles where food is provided for customer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold, inside equipment such as reach-in and under-counter refrigerators, areas used for hand washing, ware washing, equipment and utensil storage and toilet rooms (3) At least 50 foot candles at surfaces where employees are working with food using utensils or equipment such as knives, slicers, grinders, or saws and where employee safety is a factor.
9. Ventilation of each room
10. Location of mop sink or curbed cleaning facility with facilities for hanging wet mops
11. Cabinets or area for storing toxic chemicals

## Food Preparation Review

1. Delivery Frequency: \_\_\_\_\_ Refrigerated Foods \_\_\_\_\_ Frozen Foods \_\_\_\_\_ Dry Goods \_\_\_\_\_

2. Provide information on the amount of storage space (in cubic feet) for the following foods:

Refrigerated Storage: \_\_\_\_\_ Cubic feet \_\_\_\_\_ Walk-ins \_\_\_\_\_ Reach-ins \_\_\_\_\_

Other \_\_\_\_\_

Frozen Storage: \_\_\_\_\_ Cubic feet \_\_\_\_\_ Units \_\_\_\_\_

Dry Storage: \_\_\_\_\_ Cubic feet \_\_\_\_\_ Rooms \_\_\_\_\_

**Your establishment may require more refrigeration or dry storage based on FDA calculations and guidelines.**

3. Will raw meats, poultry or seafood be stored in the refrigerators/freezers with ready to eat foods?  Yes  No  
Explain how cross contamination will be prevented: \_\_\_\_\_

4. How will Dry Goods be stored off the floor? \_\_\_\_\_

5. Bulk ice machine available:  Yes  No

6. Hot water generator capacity (in gallons) \_\_\_\_\_

7. Mop sink (required for each facility) location: \_\_\_\_\_

## Helpful Phone Numbers

**Health One Stop Shop: (512) 974-3325 Austin City Information: 311 or (512) 974-2000**

Organization	Phone Number	Organization	Phone Number
Alcoholic Beverage Licenses (City Clerk)	(512) 974-2210	Alcohol Beverage Commission	General: (512) 206-3333 App: (512) 451-0231
Commercial Building Inspections	(512) 974-2380	Food Manager Certification	(512) 978-0313
Fire Marshal – Fire Code Inspections	(512) 974-0160	Inspections – Building	(512) 974-2027
Industrial Waste Water	(512) 972-1060	Plan Review, Food Enterprise	(512) 974-3325
Automated Inspection Request Line	(512) 480-0623	LCRA On-site Sewage Facility Licenses	(512) 473-3216
Plan Review, Commercial Construction	(512) 974-2949 (512) 974-3469	Travis County On-site Sewage Facility Licenses	(512) 854-9383
Utility Customer Service	(512) 494-9400	Water & Waste Water Inspection Recorder	(512) 972-0002
Texas Comptroller Office	(512) 463-4600	Environmental Health Services Division (Food Enterprise Operating Permit)	(512) 978-0300
Water & Wastewater	311 or (512) 972-0000		

**Final Finish Materials of these Surfaces**

	<b>Floors</b>	<b>Walls</b>	<b>Ceilings</b>
<b>Kitchen</b> <i>(Provide Color)</i>			
<b>Bar</b> <i>(Provide Color)</i>			
<b>Food Storage</b>			
<b>Other Storage</b>			
<b>Toilet Rooms</b> <i>(Provide Color)</i>			
<b>Dressing Rooms</b>			
<b>Garbage &amp; Refuse</b>			
<b>Mop Service Basin Area</b>			
<b>Ware washing Area</b> <i>(Provide Color)</i>			
<b>Walk-in Fridge &amp; Freezers</b> <i>(Provide Color)</i>			