

FOR OFFICE USE

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AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Food Enterprise Plan Review Application

Business Information

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

Business 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

Owner Information

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

Owner Name: _____
Last Name, First Name or Corporation

Mail Address: _____
Street (include Suite/Unit) City State Zip Code

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

Mail Address: _____
Street City State Zip Code

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

Plain 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

Application Submission:

Application submissions must include the following documentation:

- 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. Some jurisdictions may also require a second set of plans. See the chart below for the proper submission details:

Jurisdiction	Plans Required	In Person	By Mail
City of Austin	Two (2) Sets	505 Barton Springs Rd. Austin, TX 78704	Environmental Health Services Division 505 Barton Springs Rd. 2 nd Floor, Austin, TX 78704
Contracted Municipalities	Two (2) Sets	1520 Rutherford LN Austin, TX 78754	Environmental Health Services Division PO BOX 142529, Austin, TX 78714
Unincorporated Travis County:	One (1) Set	1520 Rutherford LN Austin, TX 78754	Environmental Health Services Division PO BOX 142529, Austin, TX 78714
- Site Plan Location of Building** including location of any outside equipment including dumpsters, well, septic system, etc.
- Manufacturer Specification Sheets** for each piece of equipment (refrigeration, water heaters, warmers, self-service hot and cold holding units with sneeze guards, etc.)
- Proposed menu** (including seasonal, off site and banquet menus)
- Equipment List**

Fee Information: Note: Refund requests **will not** be honored after 180 days from date of payment

Request Type	City of Austin (and contracted municipalities*)	Travis County (unincorporated)
New Construction	\$298	\$10
Remodel < 2,500 Sq. Ft.	\$211	\$10
Remodel 2,500 – 10,000 Sq. Ft.	\$254	\$10
Remodel > 10,000 Sq. Ft.	\$298	\$10

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

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: Austin Public Health
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Customers must submit payment at the time of application for all applications mailed or made in person application (See *Application Submission*). Customers will be contacted by phone, within 2 business days of submission, for a credit card payment for all applications submitted electronically.

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.

Contents and Format of Plans and Specifications

- 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: _____
8. Food prep sink directly connects to the sewer line? () Yes () No Location _____

Final Finish Materials of these Surfaces

	Floors	Walls	Ceilings
Kitchen			
Bar			
Food Storage			
Other Storage			
Toilet Rooms			
Dressing Rooms			
Garbage & Refuse			
Mop Service Basin Area			
Ware washing Area			
Walk-in Fridge & Freezers			

Helpful Phone Numbers

Health One Stop Shop: (512) 974-3325 **Fax:** (512) 974-6372 **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	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 Sew age Facility Licenses	(512) 473-3216
Plan Review , Commercial Construction	(512) 974-2949 (512) 974-3469	Travis County On-site Sew age 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 & Waste Water	311 or (512) 972-0000		