



Cambridge-Guernsey County HD

MICROMARKET PLAN REVIEW APPLICATION

Updated February 2022

LICENSING

All retail food businesses in the City of Cambridge, Byesville and Guernsey County are required to have a food service operation or retail food establishment license issued by Cambridge-Guernsey County Health Department (CGCHD). If you plan to open a retail food facility, contact CGCHD for any questions you may have in regard to plan approval or licensing.

GETTING STARTED

All new retail food businesses must complete the plan review process. Here we will walk you through all of the necessary steps to obtain a food service license from Cambridge-Guernsey County Health Department.

Step 1: Submit Plans (at least 30 days prior to construction) Include the following:

- One (1) complete set of drawings of the facility
- Properly completed application (this document)
- Menu or list of food and beverage items to be sold
- Plan review fee

Step 2: Plan Review Process

- Within 30 days after plans and fee are submitted, CGCHD will review the plans.
- Plans may require additional information or changes – in this case, you will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved.
- Plan approvals not acted upon expire in one (1) year, unless the facility is under construction.

Step 4: Construction

- Ensure that all contractors and sub-contractors are licensed, if necessary.
- Ensure that contractors obtain necessary permits through Mid-East Building Department and CGCHD Plumbing Division.

- Contact CGCHD if you have questions or need a walk-through inspection during construction.

Step 5: Inspections

- CGCHD requires a minimum of 2 business days' notice to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary. Call **740-439-3577** to schedule the inspection.
- Once the appropriate license fee is paid and the opening inspection is completed by CGCHD, you will be able to open for business.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

MICROMARKET PLAN REVIEW APPLICATION

Contact Information

Facility Name & Address _____

_____ Phone: _____

_____ State: _____ Zip: _____

Name of Operator (Owner): _____ Phone: _____

Contact for Plans: _____ Phone: _____

Business Name: _____ E-mail: _____

Address for approval letter: _____

City: _____ State: _____ Zip: _____

Construction & Opening Information

Parcel ID Number: _____

Estimated Date Construction Will Begin: _____

Estimated Opening Date: _____

Square Feet Devoted to Food: _____

Internal use only:

Date received _____

Received by _____

Amount paid _____

Plan Review Components

The plans submitted to CGCHD must be legible, in English and include the following information. Lack of complete information may delay plan approval and/or the opening of your business.

Please make sure that the following are included:

- Site plan
- Proposed Menu or list of food and beverage items (*all facilities must submit)
- Facility Floor Plan, drawn to scale
- Location of entrances and exits
- Equipment list, include make & model numbers. (*Commercial equipment only – NSF, ETL, etc.)
- Include elevations or indicate installation of equipment (casters, legs, fixed/sealed)
- Interior Finish Schedule with materials for floors, walls, ceilings and coving (example included)
- Lighting plan

AR# _____

SR# _____

IN# _____

PE Code _____

Plan Review # _____

INTERIOR FINISHES

Use the following chart to indicate all interior finishes (unless already included in plans).

This information is included in plans submitted.

Room Name	Floors	Walls	Ceilings	Coving
<i>Example: Kitchen</i>	<i>Quarry tile</i>	<i>FRP</i>	<i>Vinyl acoustical tile</i>	<i>6" quarry tile</i>

All surfaces must be smooth and easily cleanable. Contact CGCHD if you have questions regarding whether specific surfaces are acceptable for use in a food service operation.

FEE SCHEDULE

Please make checks payable to *Guernsey County Health Department*.

PLAN REVIEW FEES

Micro Market **20% of License fee (\$13 Fee for Plan Review)**

Expedited Plan Review NA

The plan review fee must be submitted with application.

LICENSE FEES

Micro Market **\$119.00 Total (\$65 Micro Market Fee + \$13 Plan Review = \$28 State Fee)**

The license fee will be collected at the final inspection. Please do not send it to our office.

PLAN REVIEW SUBMISSION

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. **I am submitting a set of plans, a menu and the appropriate plan approval fee.**

Signature of applicant: _____

Date: _____

Submit Plans To: Cambridge-Guernsey County Health
Department
Environmental Health
326 Highland Avenue
Cambridge, Ohio 43725

Questions? Phone: 740-439-3577