



Food Establishment Plan Review Guide

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Step-by-Step Procedures for Obtaining a Food Service Permit

Please be aware that:

- The Plan Review Application should be submitted a **minimum of one month** prior to opening.
- All food service establishments except Category III (Low Risk) facilities shall have a Certified Food Protection Manager from the initial day of operation.
- Plan reviews can be submitted electronically through email at eh@whitesidehealth.org

Step One – Initial Inquiry

- Contact Environmental Department to schedule a preliminary inspection.

Step Two – Submit Plans

The following items must be submitted before your plans will be evaluated:

- A completed Plan Review Application (pages 11-16). If a question on the application does not apply to you, mark N/A in its spot.
- A labeled drawing of your food establishment showing the location of major applications, sinks, employee break areas, restrooms, etc.
- A copy of your planned menu.
- Water well inspection and sample (if applicable).
- Septic inspection (if applicable).

Step Three – Review Process

- The plans will be reviewed **ONLY** after all the above required documents have been submitted.
- An incomplete Plan Review Application Packet will be returned. This will delay the approval process.
- Please allow **up to ten (10) business days** to review the plans once all required documents are received.

Step Four – Approval Process

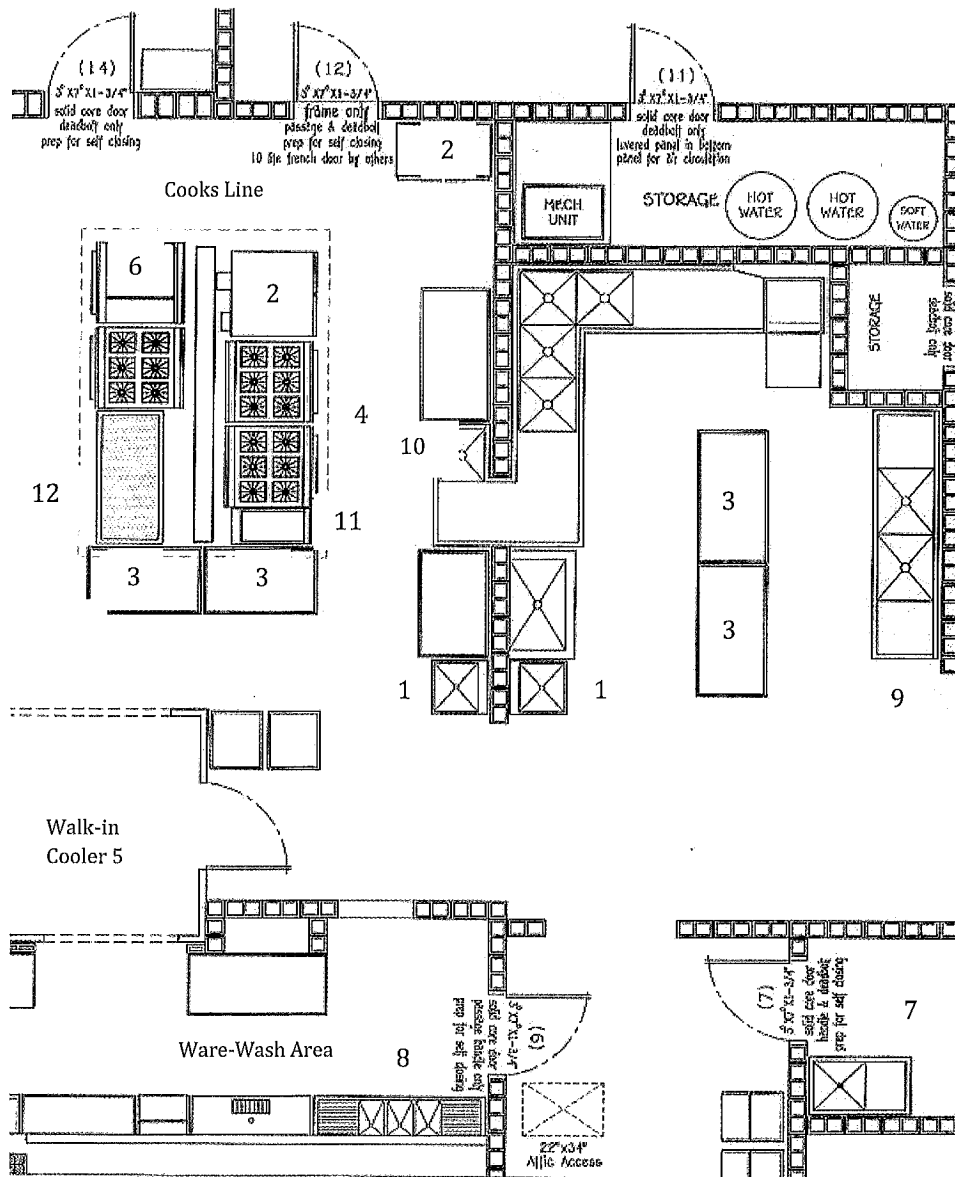
- Any changes to the submitted plans must be pre-approved by this Health Department.
- Annual license fee must be paid before permit can be given.

Step Five- Preliminary

- After your plans have been approved, and interior work has begun, contact this Health Department to schedule a preliminary inspection. A Pre-Opening Report will be provided to you at this inspection. Items that require correction will be noted.
- When the establishment is finished and all equipment is in place and operational, a final inspection shall be scheduled. All equipment must be on and functioning properly during the inspection. If the establishment meets code and no major corrections are needed, final approval to operate is given. This approval is given after all other approvals are made, such as building inspection, fire inspection and plumbing inspection.
- Please allow at least **one week** to schedule preliminary or final inspection.

Sample Establishment Floor Plan

Please include (at minimum): Major appliances; sinks; break areas; restrooms; prep areas; coolers; bar areas; server areas; utility sinks. Please note that multiple hand sinks may be required in your facility.



- | | | |
|--------------------|--------------------------------|-------------------------------|
| 1. Hand sink | 2. Reach in Freezer (COLD#22A) | 3. Stainless Steel Prep Table |
| 4. Stove (AOK #22) | 5. Walk-in Cooler (COLD#AZ1) | 6. Reach in Cooler (COLD#22) |
| 7. Mop Sink | 8. 3 Compartment Sink | 9. Prep-Cooler (ABC#245) |
| 10. Produce Sink | 11. Fryer (ABC#55) | 12. Griddle (AOK #Q17) |

Food Establishment Requirements

What is a Food Establishment?

A Food Establishment is any food service establishment; tavern; bar; nightclub; commissary; catering kitchen; bakery; bed and breakfast establishment; retail food store; mobile food unit, temporary food establishment; private, public or nonprofit organization or institution routinely serving food; and any other eating establishment or operation where food or drink is prepared, served, or provided for human consumption.

Do all Food Establishments need a Food Safety License?

Yes. All food Establishments operating in Whiteside County must have a Retail Food Service Permit issued by the Whiteside County Health Department.

What regulations apply to Food Establishments?

- Whiteside County Health and Public Welfare (Chapter 20).
- Illinois Department of Public Health Food Service Sanitation Code.
- FDA 2017 Food Code
- Any other applicable local or state ordinances or code, including City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

What type of licenses are available for Food Establishments?

There are many types of licenses available for Food Establishments, such as Annual and Seasonal licenses, and Mobile Food Unit Licenses, this application is specific to Annual (full year) and Seasonal licenses (up to eight months) for those establishments selling more than pre-packaged time/temperature control for safety food. License fees are determined by the risk level of the establishment. For Mobile units see Mobile Unit Plan Review Application.

How is the Risk Level determined?

The risk level is determined during the plan review process and is based on menu, population served, and food processing procedures. There are three risk levels: Category I (High), Category II (Medium), and Category III (Low).

The food that flows through retail FOOD ESTABLISHMENT operations can be placed into the 3 following processes:

CATEGORY III - FOOD PROCESSES WITH NO COOK STEP (Low Risk)

Receive – Store - Prepare – Hold – Serve

(Other processes may occur, but there is NO cooking step)

Examples: Prepackaged foods, Drinks & Ice

CATEGORY II - FOOD PREPARATION FOR SAME DAY SERVICE (Medium Risk)

Receive – Store - Prepare - Cook – Hold – Serve

(Other processes may occur, including thawing)

Examples: Cooking Hamburgers, Pizzas, Hot Dogs

CATEGORY I - COMPLEX PROCESSES (High Risk)

Receive – Store - Prepare – Cook – Cool – Reheat – Hot Hold – Serve (Extensive handling of raw ingredients and hand contact with ready-to-eat foods. Other processes may occur, but the key is repeated trips through the temperature danger zone)

Examples: Smoking Meats, Leftovers, Tacos, Sushi

What are general requirements for a Food Establishment?

General:

- All food must be from an approved source.
- Any special processes must have an approved HACCP plan prior to operations.
- The Whiteside County Health Department issues permits at the retail level. Please contact the Illinois Department of Public Health or Department of Agriculture for wholesale operations.
- All establishments, except Category III, must have at least one Certified Food Protection Manager on staff or enrolled in a class before plans will be approved. A Certified Food Protection Manager must be present always in Category I establishments. **All other employees must receive approved Food Handler Training.**

Plumbing:

- All plumbing must meet Illinois Plumbing Code and must be installed/repaired by a Licensed Plumber.
- Hot and cold running water under pressure must be available at all sinks.
- Hand washing sinks are required and must be convenient and easily accessible to all food handlers. Soap, paper towels, and a trash receptacle must be available at all hand washing sinks.
- A three-compartment sink is required. It must be large enough that each compartment can accommodate the largest item to be cleaned. Drain boards are required on both sides.
- Grease traps may be required. Please consult the local plumbing inspector or sanitary district regarding if a grease trap is required and sizing.
- A mop sink or utility sink is required.

Equipment and Surfaces:

- All equipment must be commercial grade and NSF approved
- Enough refrigeration or freezer units must be available to keep food items at 41°F or less at all times.
- Enough cooking and hot holding units must be available to cook and hot hold foods. If reheating foods, appropriate equipment must be available. Foods cannot be reheated in crockpots, steam tables, or other equipment designed only to maintain food temperatures.
- All surfaces must be smooth, easily cleanable, and non-absorbent. All exposed wood must be sealed. Shelving must be free from rust and chipping paint.
- Walls and ceiling must be in good repair, smooth, light colored and easily cleanable.
- Floors in food preparation, food storage, dishwashing, walk-in refrigerator and freezer, toilet rooms, and dressing rooms must be smooth, durable, easily cleanable, in good repair, free of cracks and chips, and non-absorbent (no carpet).
- Ventilation is required to keep establishments free of excessive heat, steam, condensation, vapors,

obnoxious odors, smoke and fumes. The type of hood required is determined by the mechanical code; please consult your local building inspector for hood requirements. Fire suppression systems may also be required; please consult your local fire department for those requirements.

Pest Control:

- Doors and windows must protect against the entrance of pests. Doors must be self-closing and rodent proof.
- If doors and windows are to remain open, they must be screened, air curtained, or some approved form of pest control prevention measure, must be used.

Water Supply:

- An approved water supply must be available. If the establishment is on a water well, the well must be tested. Depending on the number of people/days the well is used, it may also be considered a Non-Community Public Water Supply and is subject to regulations under the Drinking Water Systems Code. Annual testing is required on all water wells.

Wastewater Disposal:

- The establishment must have an approved wastewater disposal system. If the establishment is served by a private onsite wastewater treatment system (septic system), the system must be inspected by a Private Sewage Disposal Contractor or the Whiteside County Health Department. A fee will be required for this service.

Restrooms:

- The number of restrooms required is determined by the Illinois Plumbing Code. Please consult your local plumbing inspector or licensed plumber for those requirements.
- At least one restroom (can also be the public restroom) must be available for employee use.
- Restrooms must have self-closing doors, mechanical ventilation, and handwashing sinks with hot and cold running water, soap, paper towels and covered waste container. Each restroom must have a sign stating employees must wash hands before returning to work.

Miscellaneous:

- All lighting must be shielded to protect food and surfaces from the possibility of contamination due to broken glass.
- Working surfaces and food preparation areas must have at least 20 foot candles of light.
- Dumpsters must be stored on concrete or asphalt and covered.

Special Circumstances:

- Variances: A variance request may be submitted to modify or waive compliance with IDPH Food Service Sanitation Code. The variance shall be approved by this department upon review if the variance submitted results in no health hazard or nuisance.

Pre-Opening Check List

I. General

Number of Seats _____

Outside storage areas: ☐ Yes ☐ No

Number of registers: _____

Will a highly susceptible population (elderly, young children, and/or immune-compromised people) be served as the primary consumers? ☐ Yes ☐ No

Will food be transported to another location as with a catering operation or satellite kitchen?
☐ Yes ☐ No

Will the establishment be seasonal? (Seasonal establishments operate for 8 or fewer months per year)
Yes ☐ No *If Yes*, please provide the dates of operation: _____

II. Food

Are all food supplies from inspected and approved sources? ☐ Yes ☐ No

Will all shellfish tags and invoices be maintained for 90 days? ☐ Yes ☐ No ☐ N/A

Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below? ☐ Yes ☐ No

Does each refrigerator have a thermometer located in a conspicuous location? ☐ Yes ☐ No

Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods? ☐ Yes ☐ No

Will dry goods and single use items be stored at least 6 inches off the floor? ☐ Yes ☐ No

Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries?
☐ Yes ☐ No

Are containers constructed of food grade materials to store bulk food products? ☐ Yes ☐ No

Number of refrigeration units: _____ Number of freezer units: _____

III. Structure/Plumbing

Floors, Walls, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleaned material? ☐ Yes ☐ No

Is carpeting used as flooring in any area other than the dining area? ☐ Yes ☐ No

Are the walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable? ☐ Yes ☐ No

Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable? ☐ Yes ☐ No

Is there adequate lighting in all areas of the kitchen walk-in coolers, ware washing areas, restrooms and storage areas? ☐ Yes ☐ No

Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored? ☐ Yes ☐ No

Equipment:

Are all food contact surfaces smooth, easily cleanable, and nonabsorbent? ☐ Yes ☐ No

Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter or elevated on legs 4 inches off the table or counter? ☐ Yes ☐ No

Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legs to provide a 6-inch clearance? ☐ Yes ☐ No

Sinks:

Do all sinks have hot and cold running water? ☐ Yes ☐ No

Is there a food preparation sink? ☐ Yes ☐ No

Is there a hand washing sink in each food preparation and ware washing area? ☐ Yes ☐ No

Do all the hand washing sinks have a mixing valve or combination faucet, if applicable, do "push button" style hand sink faucets provide a flow of water for at least 15 seconds without reactivation? ☐ Yes ☐ No

Is soap available at all hand sinks? ☐ Yes ☐ No

Are paper towels or air dryers available at all hand sinks? ☐ Yes ☐ No

Are waste receptacles provided at each hand sink? ☐ Yes ☐ No

Are dump sinks available at all bar and beverage stations? ☐ Yes ☐ No

Is there a mop sink? ☐ Yes ☐ No

Is there a three-compartment sink? ☐ Yes ☐ No

Does the largest pot and pan fit into each compartment of the three-compartment sink? ☐ Yes ☐ No

Are there drain boards on both ends of the three-compartment sink? ☐ Yes ☐ No

Is there a dish machine? ☐ Yes ☐ No

If the dish machine is hot water sanitizing, is there a booster heater and mechanical ventilation?
☐ Yes ☐ No

Do all dish machines have temperatures/pressure gauges as required that are accurately working?
☐ Yes ☐ No

Plumbing:

****All plumbing, including repairs, must be completed by a licensed plumber.****

Is the hot water generator sufficient for the needs of the establishment? ☐ Yes ☐ No

Is there a water treatment device? ☐ Yes ☐ No

Are there backflow prevention devices where required? ☐ Yes ☐ No

Water Supply:

Is the water supply: ☐ Public ☐ Well NCPWS#: _____

Sewage Disposal:

Is the sewage disposal: ☐ Public
☐ Septic System – *a septic inspection conducted by WCHD or a Licensed Private Sewage Disposal System Installation Contractor must be submitted*

Are grease traps provided? ☐ Yes ☐ No

Hoods:

How is the ventilation hood system cleaned? _____

Restrooms:

Do all restrooms have hand sinks with hot and cold running water, soap, and paper towels or air drying devices? ☐ Yes ☐ No

To avoid re-contamination of hands, are paper towels available for food employees to use when touching surfaces as the faucet handles of hand washing sinks or the handles of rest room doors? ☐ Yes ☐ No

Are covered waste receptacles available in each rest room? ☐ Yes ☐ No

Are all restroom doors self-closing? ☐ Yes ☐ No

Are all restrooms equipped with mechanical ventilation? ☐ Yes ☐ No

Pest Control:

Will all outside doors be self-closing and rodent proof? ☐ Yes ☐ No

Are screen doors provided on all entrances left open to the outside? ☐ Yes ☐ No

Do all openable windows have a minimum #16 mesh screening? ☐ Yes ☐ No

Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?
☐ Yes ☐ No

Is area around building clear of unnecessary brush, litter, boxes, and other harborage? ☐ Yes ☐ No

Will air curtains be used? ☐ Yes ☐ No

Do you have a pest control provider for the establishment? ☐ Yes ☐ No

Garbage and Refuse:

Do all garbage containers, located inside, have lids? ☐ Yes ☐ No

Is there an area designated for garbage can or floor mat cleaning? ☐ Yes ☐ No

Will a dumpster be used? ☐ Yes ☐ No *If YES, where?* _____

- Do all dumpsters have closeable lids? ☐ Yes ☐ No
- Will garbage cans be stored outside? ☐ Yes ☐ No
- Will a compactor be used? ☐ Yes ☐ No
- Are all dumpsters, compactors, cans, and grease disposal containers located on concrete or asphalt?
☐ Yes ☐ No
- Is the dumpster shared by more than one business? ☐ Yes ☐ No

III. Miscellaneous

Laundry:

- Will linens be laundered on site? ☐ Yes ☐ No
- Is a laundry dryer available? ☐ Yes ☐ No
- Where will the clean linen be stored? _____
- Where will dirty linen be stored? _____

Sanitizing:

How will utensils and equipment be sanitized:

- In the three-compartment sink?
- ☐ Chlorine _____ ☐ Quat _____ ☐ Hot Water _____ °F
- ☐ Other _____ ☐ N/A

How will utensils and equipment be sanitized in the dish machine?

- ☐ Chlorine _____ ☐ Quat _____ ☐ Hot Water _____ °F
- ☐ Other _____ ☐ N/A

How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through the dish machine be sanitized?

- ☐ Chlorine _____ ☐ Quat _____ ☐ Other _____

Are test strips provided to measure the concentration strength? ☐ Yes ☐ No

Toxics:

- Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents? ☐ Yes ☐ No
- Are all toxics for use on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas? ☐ Yes ☐ No
- Are all containers of toxics including spray bottles clearly labeled? ☐ Yes ☐ No

Bodily Fluid Clean Up Procedures:

- Do you have a bodily fluid clean up kit (either bought or homemade)? ☐ Yes ☐ No
- (Disposable gloves, face mask(s), plastic bag(s), scoop/scrapper, paper towels, absorbent powder/solidifier, disinfectant)*
- Do you have written procedures for responding to vomiting and diarrheal events? ☐ Yes ☐ No

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion <input type="checkbox"/> Other: _____		Projected Start Date: _____ Projected Completion Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <input type="checkbox"/> Other: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			Phone Number: _____
Establishment Address: _____	City: _____	State: _____	ZIP: _____
OWNERSHIP INFORMATION			
Name of Owner: _____			Date of Birth: _____
Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER, MANAGER)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
FOOD OPERATION INFORMATION			
Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____ # of Registers: _____	Type of Service (check all that apply) <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"/> Mobile Vendor <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
The following documents must be submitted along with this application: <input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) - <i>Standard Operating Procedures or HACCP plans may be required.</i> <input type="checkbox"/> Proof of Certified Food Protection Managers (Category I & II) • All other employees must have received approved Food Handler Training- provide proof at 30 day inspection <input type="checkbox"/> Proof of Allergen Awareness Training for all required CFPMS <input type="checkbox"/> Plans must be clearly drawn and include these items below: • The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial, and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). • Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <input type="checkbox"/> Septic Inspection (if applicable) <input type="checkbox"/> Water Well Inspection/Samples (if applicable)			
Signature: _____			Date: _____
Print Name: _____		Title: _____	

Food Permit Fees (Subject to Change)	Full-Time	Seasonal	Plan Review Fees
1. High Risk Facilities	\$400	\$225	50% of license fee
2. Medium Risk Facilities	\$300	\$175	50% of license fee
3. Low Risk Facilities	\$200	\$125	50% of license fee
4. Multi-Department/Grocery Stores	\$700		50% of license fee
5. Not-For-Profit			
High Risk	\$100		50% of license fee
Medium and Low Risk	\$75		50% of license fee
6. Cottage Food License	\$50		
7. Temporary Food Permits			
1 Event	\$80		
4 Event Packet	\$240		
8 Event Packet	\$300		
8. Not-For-Profit			
1 st Event	Free		
2 nd Event	\$40		
3 rd Event	\$30		
4 th Event *Max Limit*	\$20		
REINSPECTION FEE	\$80		
LATE FEE	\$80		

Special Processing:

If any of the following special processes will occur at the establishment, HACCP plans must be submitted as part of the plan review process. Failure to provide HACCP plans with the plan review application *WILL* delay the plan review process.

- | | |
|--|--|
| Will any reduced oxygen packaging, such as vacuum packaging, cook/chill? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Packaging, or sous vide take place at the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will smoking of meat for preservation take place at the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will any food be cured or dried at the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, and kefir) occur at the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will sprouting of seeds take place in the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the making of sushi or sushi rice take place in the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Will juicing and the packaging of juice take place in the establishment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*A warning statement on the package and written procedures may be submitted in lieu of a HACCP plan.

Please answer the following questions. If not applicable mark N/A.

Preparation:

List all foods prepared more than 12 hours in advance of service (examples: coleslaw, sauces, dressings, potato salad, tuna salad, etc.):

Will ingredients for cold ready-to-eat food such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? ☐ Yes ☐ No ☐ N/A

Will all produce be washed on site prior to use? ☐ Yes ☐ No ☐ N/A

If Yes, what sink will be used? _____

Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods?
☐ Yes ☐ No ☐ N/A

TCS (Time and Temperature Control for Safety) foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.

What is your process for date marking food?

Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F-135°F) during preparation:

Thawing:

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

☐ Check here if no food will be thawed.

Thawing Method:	Food Items:
Refrigeration	
Under Running Water less than 70° F	
Microwave (as part of the cooking process)	
Cooked from Frozen State	
Other (describe)	

Hot and Cold Holding:

If you will be using ice, as a supplement, for keeping food cold (such as in a salad bar) how will the food be stored in the ice? Describe the procedure to maintain ice levels:

If food is going to be transported and/or served off site, how will food temperatures (hot and cold) be maintained? List specific equipment and procedures:

Cooling:

All TCS foods must be cooled from 135°F to 70°F within 2 hours and to 41°F within 4 hours. List the food items that will be cooled next to the cooling method to be used.

☐ Check here if no foods will be cooled.

Cooling Method:	
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

Reheating:

List the equipment that will be used to rapidly reheat food to a temperature of 165°F within 2 hours for hot holding:

Food Handlers:**Certified Food Protection Managers (Required for Category I & II):**

Name	Certification Number	Expiration Date

I have submitted plans/applications to the following authorities on the following dates:

Department	Signature from Dept	Date	Department	Signature from Dept	Date
Plumbing			Electric		
Zoning			Planning/Zoning		
Building			Fire		
Liquor Commission			Other:		

By signing, I certify that the above information is correct and I fully understand the following:

- The plan review expires one year from the date of approval. If construction or remodeling is not started within that time, it may be necessary to resubmit for a new review of the plans.
- Any changes or alterations to plans must have prior approval by the Whiteside County Health Department.
- Approval of these plans by the Whiteside County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.
- A final inspection of the establishment with equipment in place and operational, will be necessary to determine if it complies with the Illinois Department of Public Health Food Service Sanitation Code, before operations can begin.

Owner Signature _____

Date _____

Office Use		
Group _____		Fee _____
		Plan Review Fee _____
		Total _____
Amount Paid _____	Date Paid _____	Permit # _____