



**PLAN REVIEW**  
**JOHNSON COUNTY HEALTH DEPARTMENT**  
 460 N. Morton Ste. A  
 Franklin, IN 46131  
 (317) 346-4365, Fax: (317) 736-5264

Today's Date:	Legal Business Name/Entity: Establishment name/DBA:	
Establishment Address:	Telephone:	
Owner Name & Address:	Owner's Phone:	
Architect Name & Address:	Architect's Phone:	
Contact Name, Number & Email:		
Contents & Specifications for Facility & Operating Plans: (Check what has been submitted)	Included	
	Yes	No
Copy of Intended Menu		
Blue Prints (Proposed layout, mechanical schematics, construction materials, finishing schedule, & list of equipment)		
Copy of Certified Food Managers Certificate		
Copy of Indiana Retail Merchants Certificate		
Plan Review Application & Application Fee		
<i>*Note: This does not include the annual Food Establishment Permit Fee</i>		
Plan Review Questionnaire		
Food License Application & Fee <i>*Due at time of opening – for office use</i>		

**ALL FEES ARE NON-REFUNDABLE**

\$ \_\_\_\_\_ Plan Review fee (For new facilities or remodeling only! For remodeling, please check with the Environmental Health Inspector for fee)

Under 3,000 sq ft = \$100	3,000 to 10,000 sq ft = \$200	>10,000 sq ft = \$300
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For Office Use Only:	Receipt Number: _____  Date Received: _____
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Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_