

Plans Review Questionnaire

(RFPRQ 8/2002)

Date of Submission: _____

1. Name of establishment:

Phone #: (____) _____
2. Physical address of establishment:

3. Mailing address if different from physical address:

4. Owner of business:

5. Name of corporation, partnership, LLC, or LLP (if applicable):

6. If a partnership, list partner names:

7. Phone numbers of business owner: Home: (____) _____
Cell phone: (____) _____
Beeper: (____) _____
8. Owner of the real property (land and building):

Phone #: (____) _____
9. Has the facility, for which this application is hereby made, been previously permitted by the State Health Department? _____YES _____NO
10. If you answered yes to the previous question, what was the name of the previous business?

11. Will the occupancy classification (*i.e.*, bar, restaurant, grocery) of the business you are applying for remain exactly the same as the previous business? _____YES _____NO
12. Has the real property (building or land) ownership in which or upon which your proposed business is to operate changed since the last business owner originally received a health permit? _____YES_____NO

20. Does this establishment now or in the future plan to wholesale food products? () yes () no
 If yes, you must contact the Food and Drug Office at (225) 763-5484.
 If wholesale product is seafood contact the Seafood Office at (225) 763-5467.
21. Is this establishment connected to a public water system?
 () yes/name _____
 () no, submit water well plans.
22. Is this establishment connected to a public sewer system?
 () yes/name _____
 () no, submit sewage system plans.
 Grease trap size: _____
23. What is the method of garbage/waste disposal?

24. If a dumpster pad is required, will hot water or steam be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area? ()yes ()no
25. A menu or listing of foods to be served and the hours of operations must be submitted along with this questionnaire and a floor plan.
26. Certain Restaurant/kitchen type operators must obtain a state food safety certificate within 60 days of permitting. Has an approved food safety class been scheduled? () yes () no

I hereby certify that I have received the handouts titled "How To Open A Food Establishment" and "Pre-Inspection Info for New Owners".

 Date: _____
 Signature of person preparing this form

 Printed name of person preparing this form

NOTE: IT IS RECOMMENDED THAT A COPY OF PART XXIII OF THE LOUISIANA STATE SANITARY CODE BE REQUESTED FROM THE OFFICE OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SERVICES, 6867 BLUEBONNET BLVD., BATON ROUGE, LA 70810, phone # (225) 763-3542, OR BE OBTAINED FROM OUR WEB SITE >>>www.dhh.state.la.us/oph/ehs<<<.

Definition of substantial renovation:

- a. Alterations or repairs made within a twelve month period, costing in excess of 50 percent of the then physical value of the existing building, or
- b. Alterations or repairs made within a twelve month period, costing in excess of \$15,000 or
- c. Alterations or repairs made within a twelve month period, involving a change in "occupancy classification" or use of the property.

- d. The physical value of the building in (a) of this section may be established by an appraisal not more than three years old, provided that said appraisal was performed by a certified appraiser or by the tax assessor in the parish where the building is located.
- e. The cost of alterations or repairs in (a) or (b) of this section may be established by:
 - i. an estimate signed by a licensed architect or a licensed general contractor, or
 - ii. by copies of receipts for the actual costs.