

# 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/chs<<<.**

**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.