



## **Application to Complete Plan Review for Mobile Food Service Operation/Retail Food Establishment**

### **LICENSING**

All mobile food units in Carroll County are required to have a Food Service Operation (FSO) or Retail Food Establishment (RFE) license issued by the Carroll County General Health District (CCGHD). If you plan to open a new mobile FSO or RFE, have extensive renovations or equipment replacement, have a lapse in licensure (no payment received for a licensing period), or change of ownership you must submit a plan review packet. The operator of a mobile FSO or RFE shall license with the health district in which the operator's business headquarters are located. The operator of a mobile FSO or RFE whose business address is located outside of Ohio shall license with the health department having jurisdiction over the operator's **first** Ohio location. A mobile FSO or RFE license issued to an operator of a mobile unit shall be recognized by all other licensors in this state per, Ohio Revised Code (ORC) 3717. If you have any questions regarding plan review, plan approval or licensing, please contact the Environmental Division at 330-627-4866 ext.1524, or by emailing [tbernard@carroll-lhd.org](mailto:tbernard@carroll-lhd.org).

### **GETTING STARTED**

ORC 3717 requires that every food operator be licensed prior to operating in accordance with Ohio Uniform Food Safety Code 3717-1. A mobile FSO or RFE means an operation that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location. If the operation remains at any one location for more than forty (40) consecutive days, the operation is no longer a mobile FSO or RFE. Plans should be submitted and approved by CCGHD prior to construction of a new mobile FSO or RFE.

### **DETERMINING RISK LEVEL**

At this time, there is not a Risk Level assigned to mobile FSO or RFE licenses.

### **EDUCATION REQUIREMENT**

At this time, food safety certification certificates are not needed for mobile FSO or RFE licenses.

### **ADDITIONAL DOCUMENTS**

All food storage, preparation, and handling must take place in the licensed mobile FSO or RFE. If you have any registrations or licenses from other agencies such as Ohio Department of Agriculture (ODA) please include those with the plan review packet submission. Including but not limited to warehouse license, home bakery license, small egg producer certificate.

### **ISSUANCE OF LICENSE**

Once the application and inspections are completed with no outstanding violations, the application to license a mobile FSO or RFE will be given. Once CCGHD receives the completed license application and corresponding fee, the mobile FSO or RFE license will be issued. A 25% penalty fee will be added to any mobile FSO or RFE that operates before licensing.

## **STEPS FOR SUBMITTING A PLAN REVIEW:**

### **STEP 1 – SUBMITTAL OF FOOD PLANS**

- Complete the attached “**Plan Review Application**” pages 6-15 and submit to CCGHD.
- Submit **two (2)** complete sets of drawings of the mobile unit, once approved one set of plans will be returned to you.

### **STEP 2 – PLAN REVIEW AND APPROVAL BY CCGHD**

- Your application and information submitted will be reviewed by our department within thirty (30) days upon receipt, per Ohio Administrative Code (OAC) 3701-21-03 and OAC 901:3-4-07.
- A letter and/or email will be sent informing you of any additional information or changes that are required to meet code requirements. If nothing else is required, a letter and/or e-mail will be sent stating plan review has been approved.
  - **Please be aware that it may take up to 30 days to review any additional submissions.**

### **STEP 3 – ADDITIONAL INFORMATION**

- Please submit a copy of the documents below to CCGHD, if applicable:
  - Approved potable water source by EPA, approved water sample results for a private water well, or copy of municipal water bill.
  - Approved commercial sewage disposal system by EPA, approved Household Sewage Treatment System permit, or copy of municipal sewer bill.

### **STEP 4 – INSPECTION**

- Prior to operation, the mobile FSO/RFE must be inspected by CCGHD to ensure the operation as well as the menu and methods of food preparation are consistent with the plans that were submitted. The unit must be ready to operate at time of inspection, including but not limited to running water, hot water, and electricity.
  - ***Food is not required to be in the unit at time of inspection.***
- After the inspection, if no violations exist or if all outstanding violations are corrected on site, the application for licensure will be given to the operator. If you need more time to correct violations, a follow up inspection will be scheduled. If all violations are corrected during the follow up inspection, the application for licensure will be given to the operator.
- After you receive the application, you will sign, date, fill out, and make any changes needed on your application.
- Payment will need to be submitted to the CCGHD in the form of cash, check, or card (processing fee applied). Payment will not be collected during the inspection by the inspector, or prior to the inspection taking place.
- The mobile FSO or RFE license will be issued once CCGHD receives the completed license application and corresponding fee (see Appendix A).
- A mobile FSO or RFE must be inspected at least once per licensing period by the licensing county, before operation.

**You must include the following information in your plans:**

**General requirements:**

1. All plans must be legible and drawn reasonably to scale.
2. A detailed drawing of the area used by the business including all entrances, exits, windows, doors, exterior seating.
3. A statement indicating the seating capacity and square footage.
4. The plans must contain the exact placement of all equipment within the food facility. This includes but is not limited to sinks, cooking equipment, movable equipment, directly plumbed equipment and refrigeration units.
5. A list of all equipment with manufacturer and model numbers including backflow prevention devices when necessary. A complete list of equipment and spec sheets must be submitted along with the plans.
6. It is preferred that a hand sink be installed in food preparation areas and designated with proper signage stating employees must wash hands before returning to work or similar verbiage. Sink must be equipped with soap, disposable towels, hot water, and trash can. If a hand sink is not feasible, chemically treated towelettes for handwashing when food exposure is limited, may be permitted at the discretion of CCGHD.
7. All interior surfaces (including floors, walls, and ceiling) must be smooth, easily cleanable, and non-absorbent. A complete list of surface finishes and coved junctures must be submitted along with the plans.
8. A complete list of all food items that will be prepared and served with a copy of the menu, including seasonal items.
9. The number and location of all lighting fixtures. All lighting in the storage, cooking, and preparation areas must be shielded or shatterproof and have the minimum foot candle installed. (See lighting requirements)
10. All food storage and single use article storage areas must be able to accommodate storage six (6) inches or more off the floor, and not be under water, sewer, or condensate lines.
11. Food protection shields must be installed where necessary.
12. Approved sanitizer and a way to test concentration must be on hand at all times and available where necessary.
13. Exterior surface areas must be constructed of weather resistant material.
14. The name of the operation, city of origin, and area code with telephone number must be conspicuously displayed on the outside of the unit with individual lettering measuring at least three (3) inches high and one (1) inch wide on mobile FSO's.

## **Fire Safety:**

1. Fire inspection is not required for a mobile FSO or RFE, however a document regarding Mobile Food Unit Fire Safety can be found at <https://www.com.ohio.gov> or by visiting our website.

## **Plumbing Requirements:**

1. The three-compartment sink must be large enough to accommodate complete immersion of the largest piece of equipment and/or utensil.
2. The size and location of the hot water heater.
3. Mobile sewage holding tank must be 15% larger in capacity than the freshwater supply tank and equipped with a shut off valve.
4. The wastewater tank must be sloped to drain that is one inch in inner diameter or greater and equipped with a shut-off valve.
5. Mobile freshwater tank that provides adequate amounts of hot and cold water for peak demand.
6. Air breaks or air gaps will be required when necessary.
7. All mobile water tanks, piping, tubing, or hoses must be composed of material that meets NSF standard 61 or equivalent.
8. Mobile freshwater tank inlet must be ¾" in inner diameter or less and provided with a hose connection of a size or type that will prevent its use for any other service.
9. Backflow prevention device of ASSE Standard 1012 or 1024 if applicable.
10. If not in use, a water tank and hose inlet and outlet fitting must be protected using a cover or device such as a cap and keeper chain, closed cabinet, closed storage tube, or other protective cover.
11. Sewage and other liquid wastes must be removed from a mobile FSO or RFE at an approved location, waste servicing area, or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created.

## **Equipment Requirements:**

1. A list of all food equipment with the manufacturer and model numbers listed with spec sheets and back flow prevention devices, if applicable. All food equipment should be approved for commercial use by a testing agency such as NSF.
2. Back flow prevention devices must be installed where necessary.
3. All refrigerators must have a working ambient air thermometer and must maintain forty-one (41) degrees or less.
4. Proper thermometers available for testing food temperatures (stem thermometer).

### **Lighting Requirements:**

1. Minimum of 10 Foot Candles at a distance of thirty (30) inches above the floor in walk-in refrigeration units, dry food storage areas, and in other areas and rooms during periods of cleaning.
2. Minimum of 20 Foot Candles inside equipment such as a reach-in and under-counter refrigerator, and at a distance of 30 inches above the floor in areas for hand washing, ware washing, equipment storage, and utensil storage.
3. Minimum of 50 Foot Candles at a surface where a food employee is working with food, utensils, or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

## Plan Review Application

### License Holder Information

|                        |  |            |  |               |  |
|------------------------|--|------------|--|---------------|--|
| Name of Mobile FSO/RFE |  |            |  |               |  |
| License Holder         |  |            |  |               |  |
| Mailing Address        |  |            |  | Email Address |  |
| City                   |  | State      |  | Zip Code      |  |
| Phone Number           |  | Cell Phone |  | Fax Number    |  |

### Additional Information

|                                     |
|-------------------------------------|
| Total Square Footage of Unit        |
| Commercial or Non-Commercial Status |
| Exterior Seating Capacity           |
| Hours of Operation                  |
| Seasonal: Yes or No                 |

|                  |                     |                 |                          |                          |                    |
|------------------|---------------------|-----------------|--------------------------|--------------------------|--------------------|
| Please Check One | Concession Trailer  | Mobile Pushcart | Tent                     | Knockdown Mobile         |                    |
|                  |                     |                 |                          |                          |                    |
| Please Check One | Change of Ownership | Menu Change     | Remodel of Existing Unit | Replacement of Equipment | Lapse in Licensure |

## PLAN REVIEW CHECKLIST

**The following information must be included as part of your plan review. Please complete the checklist and submit it with the application.**

Please indicate if you have included the listed components in your plan, or if a component is not applicable to your establishment.

| COMPONENT  | INCLUDED | NOT<br>APPLICABLE |
|--|----------|-------------------|
| Menu   |          |                   |
| Consumer Advisory Provided for Raw or Undercooked Foods                                  |          |                   |
| Site Plan with Exterior Storage Areas/Satellite Stations                                 |          |                   |
| Floor Plan, Drawn to Scale   |          |                   |
| Location of Entrances and Exits  |          |                   |
| Food Preparation Sink with Air Gap   |          |                   |
| Ventilation Hoods  |          |                   |
| ANSI Fire Suppression System Over Grease Producing Equipment                             |          |                   |
| Location of all Hand Sinks   |          |                   |
| Location of all Equipment-Fixed Equipment, Movable Equipment, Directly Plumbed Equipment |          |                   |
| Location of the 3-Compartment Sink/Drainboards   |          |                   |
| Air Drying Racks   |          |                   |
| Dry and Liquid Storage Location(s)   |          |                   |
| Chemical Storage Location(s)   |          |                   |
| Personal Belonging Area  |          |                   |
| Completed Equipment List with Spec Sheets  |          |                   |
| Completed Interior/Exterior Finishes List  |          |                   |
| Location of Trash Containers   |          |                   |
| Lighting Plan  |          |                   |
| Proof of Non-Commercial Status   |          |                   |

**Please answer all of the following questions**

| <b>Facility Information:</b>   | <b>Yes, No, N/A, Explain:</b> |
|--|-------------------------------|
| <b>Water Supply</b>  |                               |
| What is your water supply source (city or well)?<br>If Public Water System, please provide OEPA #<br>If Private Well, safe sample must be obtained.<br>If City Water, must provide copy of bill. |                               |
| What is the size of the freshwater holding tank?<br>Is the tank large enough to accommodate peak operation?<br><i>Must provide documentation of NSF standard 61</i>                              |                               |
| How will you fill the freshwater holding tank?<br><i>Only food grade hoses may be used (NSF 61)</i>  |                               |
| Will the mobile FSO/RFE have the ability to directly hook into a water source?<br><i>If yes, what type of backflow prevention device will be used?</i>   |                               |
| What is the holding capacity of your hot water heater?   |                               |
| <b>Sewage Disposal</b>   |                               |
| Where will waste be disposed of (city/septic system/other)?  |                               |
| Will the unit have a grease trap?<br>Is yes, what is the capacity?<br>How will the contents be disposed of?  |                               |
| What is the size of the wastewater tank?   |                               |
| Is the wastewater tank 15% larger than the freshwater tank?  |                               |
| Is the wastewater tank sloped to drain that is one inch in inner diameter or greater, and equipped with a shut-off valve?  |                               |
| <b>Plumbing Fixtures</b>   |                               |
| Are your ice machines/bins and prep sink properly air gapped?  |                               |
| Is fixed equipment properly sealed to surrounding wall area?   |                               |



|  |  |
|--|--|
| Is the hand sink equipped with hot water (100 degrees F), soap, paper towels, trash can, and proper signage? |  |
| Are the bays of the 3-compartment sink large enough to submerge the largest piece of equipment/utensil?      |  |
| Do the bays of the 3-compartment sink have wash-rinse-sanitize labels?                                       |  |
| Is there adequate space to air dry equipment/utensils?   |  |
| Is there a prep sink?  |  |
| <b>Interior/Exterior Finishes</b>  |  |
| Are all food and non-food contact surfaces constructed of smooth, easily cleanable, non-absorbent material?  |  |
| Is baseboard installed in required areas?  |  |
| Are exterior finishes weather resistant?   |  |
| If mobile set up does not have a floor (ex. knockdown mobile or table) what flooring will be used?           |  |
| How will dust be controlled?   |  |
| How will insects be controlled?  |  |
| <b>Refuse/Recyclables</b>  |  |
| How will trash/recyclables be stored in the unit?  |  |
| How will trash/recyclables be disposed of?   |  |
| <b>Equipment</b>   |  |
| Is the list of all equipment, make/model, and spec sheets attached to the plans?                             |  |
| Is all equipment approved by a certified testing agency such as NSF/ETL Sanitation/UL Sanitation?            |  |
| If not, has the item been approved by CCGHD?   |  |
| Do all cooler units have working ambient air thermometers?   |  |

|   |  |
|---|--|
| <b>Storage Areas</b>  |  |
| How will chemicals be stored?   |  |
| Where will personal belongings be stored?   |  |
| Will food and single use articles be stored at least 6 inches off the floor?  |  |
| How will single use articles be stored? (ex. to go containers, plastic silverware, cups, napkins, straws, etc.)   |  |
| <b>Sanitizer</b>  |  |
| What sanitizer will be used?  |  |
| Are test strips available?  |  |
| <b>Food</b>   |  |
| Is food from an approved source?  |  |
| Are all food items stored, prepared, and sold from the licensed set up?<br>If not, where will the items be stored?  |  |
| Are gloves available to prevent bare hand contact with Ready to Eat Food?<br><b><i>Gloves must be Latex Free</i></b>  |  |
| Will you be utilizing Reduced Oxygen Packaging for Sous Vide or Cook/Chill?<br><b><i>If YES, you MUST submit a formal HACCP Plan for approval prior to opening.</i></b> |  |
| Will you be canning product in the facility?  |  |
| Do you offer raw or undercooked product?  |  |
| Do you offer pasteurized eggs or other products?  |  |
| Are you providing product to a vulnerable population?<br>Ex. Infants, children, elderly   |  |

|   |  |
|---|--|
| Will you offer seasonal menu items?   |  |
| How will you hot hold and cold hold items?  |  |
| How will you cool product/leftovers?  |  |
| Will you reheat product? If yes, how will you reheat product?   |  |
| Will you attend events that are more than one day?  |  |
| How will you wash produce?  |  |
| How will you thaw product?  |  |
| Does your facility offer beer/liquor?<br>Have you obtained proper permits from Liquor Control?                |  |
| Do you make baked goods at home? Do you have a Home Bakery License from Ohio Department of Agriculture (ODA)? |  |
| Do you need any registrations from ODA?<br>Warehouse, bottling, canning, wholesale?                           |  |
| Will you cater?   |  |
| Will you transport food to another location?  |  |
| Will you sell fresh eggs?<br>If yes, do you have a small egg producer certificate?                            |  |
| How will you label items out of their original packaging?   |  |
| How will you date mark temperature-controlled items out of their original packaging?                          |  |
| Was food received in good condition?  |  |
| <b>Lighting Requirements</b>  |  |
| Do the light fixtures have shields or shatter proof bulbs?  |  |

|   |  |
|---|--|
| Does your dry/liquid storage, ware washing, food preparation areas, and reach in units, meet the minimum lighting requirement below?<br><br><b>10ft Candles: Storage</b><br><b>20ft Candles: Ware washing</b><br><b>20ft Candles: Reach in units</b><br><b>50ft Candles: Food preparation areas</b> |  |
| <b>Other</b>  |  |
| Do you have a first aid kit?  |  |
| Do you have a fire extinguisher?<br><i>Class K</i>  |  |
| Have you submitted a copy of the menu?  |  |
| Do you have hair restraints?  |  |
| How will you store wiping cloths?   |  |
| Does your mobile unit have proper identification on the outside of unit with 3"x1" lettering?   |  |
| <b>Given at Inspection</b>  |  |
| Chocking Poster   |  |
| Vomit/Fecal Clean-up Procedure  |  |
| Employee Health Policy Agreement  |  |

**Interior/Exterior Finishes:**

Complete the following chart to indicate all interior/exterior finishes. All surface finishes must be durable, smooth, easily cleanable, and nonabsorbent. Please contact our office at 330-627-4866 ext. 1524 with questions regarding acceptable finishes.

**Concession Trailer or Mobile Pushcart**

**\*If the location is not applicable, put N/A in the box.**

| LOCATION/ROOM                        | FLOORS             | WALLS | CEILINGS                 | COVING         |
|--------------------------------------|--------------------|-------|--------------------------|----------------|
| <b>Example:</b><br>Dry Storage Room  | Sealed<br>Concrete | FRP   | Vinyl acoustical<br>tile | 6” quarry tile |
| Kitchen/Prep Area                    |                    |       |                          |                |
| Dry Storage Area                     |                    |       |                          |                |
| Liquid Storage Area                  |                    |       |                          |                |
| Dishwashing Area                     |                    |       |                          |                |
| Exterior Storage<br>Locations/Set Up |                    |       |                          |                |

**Tent or Knockdown Mobile**

**\*If the location is not applicable, put N/A in the box.**

| LOCATION/ROOM     | FLOORS | WALLS | CEILINGS | COVING |
|-------------------|--------|-------|----------|--------|
| Kitchen/Prep Area |        |       |          |        |
| Dry Storage Area  |        |       |          |        |

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Liquid Storage Area               |  |  |  |  |
| Dishwashing Area                  |  |  |  |  |
| Exterior Storage Locations/Set Up |  |  |  |  |

## Equipment List:

Provide the following information for all equipment you will be using in your facility. All equipment must be commercial grade and certified by an approved agency such as NSF. Our office has the authority to approve or disapprove equipment based on certification standards.

| Description                        | Certification Agency | Manufacturer          | Model Number | Backflow Prevention Device |
|------------------------------------|----------------------|-----------------------|--------------|----------------------------|
| <b>Example:</b><br>Convection Oven | NSF                  | ABC Manufacturing Co. | A-111-11     | ASSE 1024                  |
|                                    |                      |                       |              |                            |
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|                                    |                      |                       |              |                            |

**\*Use another sheet of paper if extra space is needed.**  
**\*Any UL or ETL certified items must also have "Sanitation" on the sticker to be considered commercial.**

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 two sets of plans, and completed application. I understand that this plan review application and/or approval from CCGHD does not satisfy any other state or local requirements. By signing this application, I understand that I accept full responsibility for this application, compliance with ORC 3717, OAC 3717-1, and all other state and local requirements.

**NOTE: CCGHD will make all attempts to accommodate your timeline for the inspection, but please plan in advance! If you are not ready to schedule your inspection when plan review approval is issued, please contact us at least 2 weeks ahead of your desired inspection date. Call 330-627-4866 ext. 1524 or email [tbernard@carroll-lhd.org](mailto:tbernard@carroll-lhd.org) to schedule an appointment.**

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submit Plans To:** Carroll County General Health District  
Environmental Division  
301 Moody Ave. SW  
P.O. Box 98  
Carrollton, OH 44615

**Questions :** Phone: 330-627-4866 ext. 1524  
Fax : 330-627-9120  
[tbernard@carroll-lhd.org](mailto:tbernard@carroll-lhd.org)

**For Office Use Only**

|                  |                    |
|------------------|--------------------|
| Date             |                    |
| Primary Reviewer | Secondary Reviewer |



**Appendix A**  
**Food Service/Retail Establishment License Fees**

| <b>COMMERCIAL RISK LEVEL</b>                                     | <b>LOCAL</b>      | <b>STATE</b> | <b>TOTAL FEE</b>  |
|--|-------------------|--------------|-------------------|
| Commercial Risk Level 1 < 25,000 sq. ft.                         | <b>\$198.50</b>   | \$28.00      | <b>\$226.50</b>   |
| Commercial Risk Level 1 > 25,000 sq. ft.                         | <b>\$305.00</b>   | \$28.00      | <b>\$333.00</b>   |
| Commercial Risk Level 2 < 25,000 sq. ft.                         | <b>\$229.00</b>   | \$28.00      | <b>\$257.00</b>   |
| Commercial Risk Level 2 > 25,000 sq. ft.                         | <b>\$323.50</b>   | \$28.00      | <b>\$351.50</b>   |
| Commercial Risk Level 3 < 25,000 sq. ft.                         | <b>\$475.00</b>   | \$28.00      | <b>\$503.00</b>   |
| Commercial Risk Level 3 > 25,000 sq. ft.                         | <b>\$1,250.50</b> | \$28.00      | <b>\$1,278.50</b> |
| Commercial Risk Level 4 < 25,000 sq. ft.                         | <b>\$613.00</b>   | \$28.00      | <b>\$641.00</b>   |
| Commercial Risk Level 4 > 25,000 sq. ft.                         | <b>\$1,328.00</b> | \$28.00      | <b>\$1,356.00</b> |
| Mobile   | <b>\$191.50</b>   | \$28.00      | <b>\$219.50</b>   |
| Vending  | <b>\$35.00</b>    | \$6.00       | <b>\$41.00</b>    |
| Temporary Food License <i>*(1 - 5 days)</i>                      | <b>\$132.50</b>   | N/A          | <b>\$132.50</b>   |
| Temporary Food License Late Fee-25% of Local Fees                | <b>\$33.13</b>    | N/A          | <b>\$33.13</b>    |
| <b>NON - COMMERCIAL RISK LEVEL</b>                               | <b>LOCAL</b>      |              |                   |
| Non-Commercial Risk Level 1 < 25,000 sq. ft.                     | <b>\$99.25</b>    | \$14.00      | <b>\$113.25</b>   |
| Non-Commercial Risk Level 1 > 25,000 sq. ft.                     | <b>\$152.50</b>   | \$14.00      | <b>\$166.50</b>   |
| Non-Commercial Risk Level 2 < 25,000 sq. ft.                     | <b>\$114.50</b>   | \$14.00      | <b>\$128.50</b>   |
| Non-Commercial Risk Level 2 > 25,000 sq. ft.                     | <b>\$161.50</b>   | \$14.00      | <b>\$175.50</b>   |
| Non-Commercial Risk Level 3 < 25,000 sq. ft.                     | <b>\$237.50</b>   | \$14.00      | <b>\$251.50</b>   |
| Non-Commercial Risk Level 3 > 25,000 sq. ft.                     | <b>\$625.25</b>   | \$14.00      | <b>\$639.25</b>   |
| Non-Commercial Risk Level 4 < 25,000 sq. ft.                     | <b>\$306.50</b>   | \$14.00      | <b>\$320.50</b>   |
| Non-Commercial Risk Level 4 > 25,000 sq. ft.                     | <b>\$664.00</b>   | \$14.00      | <b>\$678.00</b>   |
| Non-Commercial Temporary Food License <i>*(1-5 days)</i>         | <b>\$66.25</b>    | N/A          | <b>\$66.25</b>    |
| Non-Commercial Temporary Food License Late Fee-25% of Local Fees | <b>\$16.56</b>    | N/A          | <b>\$16.56</b>    |
| Late Fee <b>(of local fees)</b>                                  | <b>25%</b>        | N/A          | <b>25%</b>        |
| <b>PLAN REVIEW – COMMERCIAL/NON-COMMERCIAL</b>                   | <b>LOCAL</b>      |              |                   |
| Plan Review –Risk Level 1 < 25,000 sq. ft.                       | <b>\$109.00</b>   | N/A          | <b>\$109.00</b>   |
| Plan Review –Risk Level 1 > 25,000 sq. ft.                       | <b>\$175.00</b>   | N/A          | <b>\$175.00</b>   |
| Plan Review –Risk Level 2 < 25,000 sq. ft.                       | <b>\$138.00</b>   | N/A          | <b>\$138.00</b>   |
| Plan Review –Risk Level 2 > 25,000 sq. ft.                       | <b>\$185.00</b>   | N/A          | <b>\$185.00</b>   |
| Plan Review –Risk Level 3 < 25,000 sq. ft.                       | <b>\$253.00</b>   | N/A          | <b>\$253.00</b>   |
| Plan Review –Risk Level 3 > 25,000 sq. ft.                       | <b>\$602.00</b>   | N/A          | <b>\$602.00</b>   |
| Plan Review –Risk Level 4 < 25,000 sq. ft.                       | <b>\$317.00</b>   | N/A          | <b>\$317.00</b>   |
| Plan Review –Risk Level 4 > 25,000 sq. ft.                       | <b>\$642.00</b>   | N/A          | <b>\$642.00</b>   |
| Expedited Plan Review Fee  | <b>\$1,000.00</b> | N/A          | <b>\$1,000.00</b> |

**\*Food Fees adopted 12/20/23 (Resolution 23-096)**

**\*Food Fees adopted 3/15/23 (Resolution 23-011-Expedited Plan Review Fee)**