

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

BARS AND CIVIC ORGANIZATION REQUIREMENTS

Reason for Application: new facility change of ownership change to facility (please circle)

This sheet must be completed for all new bars. If this is a change of ownership, you must also complete this form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or changes use.

DATE: _____ PROPOSED # OF SEATS: _____ PROPOSED # OF STAFF: _____

PROJECT NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____ PHONE _____

_____ Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.

_____ Utility bill showing sewer charges or letter of sewer connection provided.
If facility is on septic, answer next line.

_____ Facility is on septic. Must fill out Existing System Verification OR modify existing annual operating permit if applicable.

_____ Water supply (public water or well)

_____ Plan Review fee, Annual Permit fee and ABT sign-off fee paid

_____ 1 toilet shown on floor plan for every 40 patrons.

_____ Must show both men's and women's restrooms on floor plan.

_____ 1 hand wash sink shown on floor plan for every 75 patrons in each restroom.

_____ 1 water fountain shown on site plan for every 500 patrons.

_____ 1 mop sink shown on floor plan.

_____ Number of pool tables / video games.

_____ Three compartment sink in the bar area. Also needed in kitchen area for civic organizations.

_____ Hand wash sink in the bar area. Also needed in kitchen area for civic organizations.

Y/N Is this a civic organization that prepares food? Please keep in mind that food preparation is not permitted in bar facilities. Bars are permitted to serve prepackaged food and "bar" type food only.

Signature, Owner / Owner's Representative

Date

Revised: 08/11/16

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Florida Department of Health in Orange County

Plans Review Routing Sheet

Please note that the fee for plan review is \$53.00, in addition to the permit application fee. Please sign below to acknowledge and certify that all of the information provided for permit approval is true and correct.

Facility Name: _____

Facility Address: _____

Mailing Address: _____

Type of Facility: _____ Number of Employees: _____

Number of Clients, Students, Customers or Seating Capacity: _____

Method of Sewage Disposal: _____ Water Supply: _____

Person to Contact: _____ Phone #: _____

Signature: _____ **Date:** _____

For Office Use Only

Date: _____ Plan Review Routing Number: _____

Payment Type: _____ Amount Paid: \$ _____ Check Number: _____

Utility Reviewer: _____ **Date:** _____

Remarks: _____

APPROVAL STAMP

SIGNATURE: _____

Program Reviewer: _____

Date: _____

Remarks: _____

SIGNATURE: _____



FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a set of scaled plans, for both new and remodeled establishments, showing all kitchen equipment with specifications, plumbing fixtures, bars, storage areas, etc. Also, submit the proposed menu listing specific foods. Submit all the above to the Environmental Health (EH) office of the County Health Department. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

Plan Review Type: New Remodel **Property Appraiser Assessed Value (if remodel):** \$ _____
Printed Name of Property Appraiser: _____
Signature of Property Appraiser: _____ **Date:** _____

Name of Establishment: _____

Establishment Address: _____
Street City State ZIP Code

Owner/Owner's Representative Name & Title: _____

Owner/Owner's Representative Address: _____
Street City State ZIP Code

Phone Number: _____ Email: _____

Type of Food Service Establishment:
Bar/Lounge Concession Stand Detention Facility Mobile Food Unit Fraternal/Civic
Movie Theater School Residential Type Facility (List Type) _____
(Full Service Operation: Limited Prep: Packaged Products Only:)

Projected Start Date of Project: _____ Projected Completion Date of Project: _____

Is property on an onsite sewage system (septic tank)? Yes No (If yes, submit a completed evaluation of capacity.)

Is property served by an onsite/private well? Yes No (If yes, submit a completed evaluation of capacity.)

Plans have been submitted to (circle all that apply): Zoning Plumbing Planning Fire Authority Building

The undersigned owner/owner's representative hereby agrees to operate in accordance with the requirements of Chapter 381.0072, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Owner/Owner's Representative Name & Title

Owner/Owner's Representative & Date