SCHOOL REQUIREMENT SHEET

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

This sheet must be completed for all new schools. 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 CHILDREN:_______  PROPOSED # OF STAFF:_______

PROJECT NAME:__________________________________________________________

ADDRESS:______________________________________________________________  ZIP CODE: ______________

PERSON TO CONTACT:____________________________________________________  PHONE #:____________________

_____  Floor plans of school 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 if applicable?

_____  Water supply (public water or well)

_____  Plan Review fee & Annual Permit fee paid

_____  1 toilet shown on floor plan for every 50 children.

_____  Separate restrooms shown on floor plan for boys, girls and faculty.

_____  1 sink shown on floor plan for every 50 children.

_____  1 water fountain shown on site plan for every 100 children.

_____  1 mop sink shown on floor plan.

Y/N  Does the school require Physical Education? If yes, show location of showers.

Y/N  Does the school prepare food for the students or serve catered food? If yes, fill out the appropriate section below.

Prepared food requires:

_____ Three compartment sink in the kitchen shown on floor plan.

_____ Hand wash sink in the kitchen shown on floor plan.

Catered food requires:

_____ Hand wash sink in the area where food is served shown on floor plan.

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

Vision: To be the Healthiest State in the Nation

ORANGE COUNTY HEALTH DEPARTMENT PLANS REVIEW ROUTING SHEET

DATE: ________________ PLANS ROUTING NUMBER: ________________
PAYMENT TYPE: _______ AMOUNT: _______ CHECK NUMBER: ________________

Please note, the fee for plan review is $53 per hour. If your plan review requires additional time or requires revisions, you will be charged an additional $53 per hour before approval. Please sign below to acknowledge your understanding and acceptance of these conditions. By signing below, you are also certifying that the information provided is true and correct.

SIGNATURE: ___________________________ DATE: ________________
FACILITY NAME: _____________________________________________
FACILITY ADDRESS: __________________________________________
BILLING 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 #: __________________

FOR OFFICE USE ONLY

UTILITY REVIEWER: ___________________________ DATE: ________________
REMARKS: ____________________________________________________________
APPROVAL STAMP

__________________________________________________________
SIGNATURE:

FACILITY REVIEWER: ___________________________ DATE: ________________
REMARKS: ____________________________________________________________

__________________________________________________________
SIGNATURE:

Revised: 08/11/16
Instructions: 1. Complete the information requested below. 2. Sign the application and return along with a completed set of plans drawn to scale and required fee (do not send cash), to the Environmental Health (EH) office of the County Health Department. A new application is not required for annual renewal unless the information below changes.

NAME OF FACILITY______________________________

LOCATION____________________________________
Street       City          State           ZIP Code

OWNER'S NAME_________________________________ EMAIL ADDRESS__________________________

OWNER'S ADDRESS________________________________
Street       City          State           ZIP Code

OWNER'S PHONE_____________________________ BUSINESS PHONE__________________________

<table>
<thead>
<tr>
<th>Type of Food Service Subtypes</th>
<th>Select One:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>Afterschool Meal</td>
</tr>
<tr>
<td>Bar/Lounge</td>
<td>Civic/Fraternal Organization</td>
</tr>
<tr>
<td>Detention Facility</td>
<td>Domestic Violence Shelter</td>
</tr>
<tr>
<td>Hospice</td>
<td>Intermediate Care Facility</td>
</tr>
<tr>
<td>Movie Theater</td>
<td>Prescribed Pediatric Extended Care Center (PPEC)</td>
</tr>
<tr>
<td>Residential Treatment Facility (AHCA)</td>
<td>School</td>
</tr>
<tr>
<td>Transitional Living Facility</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Service Operations</th>
<th>Select One:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afterschool Meal</td>
<td>Bakery</td>
</tr>
<tr>
<td>Canteen</td>
<td>Caterer</td>
</tr>
<tr>
<td>Concession Stand</td>
<td>Culinary Education</td>
</tr>
<tr>
<td>Main Operation</td>
<td>Mobile Food Unit</td>
</tr>
<tr>
<td>Restaurant</td>
<td>Retail Food Store</td>
</tr>
<tr>
<td>School (9 months or less)</td>
<td>School (greater than 9 months)</td>
</tr>
<tr>
<td>Temporary Event Vendor</td>
<td>Vending Machine (TCS/PHF)</td>
</tr>
</tbody>
</table>

Comment/Special Instructions: ________________________________________________________

FOR EH USE ONLY: Annual Fee for Your Facility: $__________

Please make check or money order payable to: Florida Department of Health in__________ County.

The undersigned owner/owner's representative hereby agrees to operate the food establishment described in this application 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.

Signature (Facility Owner/Owner's Representative) ___________________ Date ____________
Signature (EH Official) ___________________ Date ____________

DH 4086, 02/18
Rule 64E-11.013(2)(a), F.A.C.