



Protective  
Health Services  
Oklahoma State  
Department of Health

Oklahoma City-County  
Health Department  
921 NE 23rd Street, Oklahoma City, OK 73105  
Telephone:(405) 425-4327 Fax:(405) 419-4227

OCCHD Web site: [www.occhd.org](http://www.occhd.org)



**PLAN REVIEW APPLICATION FOR A FOOD SERVICE ESTABLISHMENT**  
(effective July 11, 2008)

Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**CONTACT INFORMATION (IF DIFFERENT):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**TYPE OF CONSTRUCTION:**

New     Remodel     Fire Restoration     Addition     Move-On     Conversion

Existing Use of Land/Bldg: \_\_\_\_\_ Proposed Use of Land/Bldg: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the statements in this application are true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

A copy of this application must be submitted with a  
**Fee of \$200.00** made payable to the  
**Oklahoma City-County Health Department (OCCHD).**  
All facilities must be inspected and licensed prior to operation.  
Completion and submission of this form does not constitute  
authorization to open a food service establishment.

**This fee is NON-REFUNDABLE!**

**DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY!**  
**Mail payment to OCCHD 921 NE 23<sup>rd</sup> St, Oklahoma City, OK 73105**

## PLAN REVIEW GUIDELINES

**The plan review application, plan review fee and building plans must be submitted to the health department before construction or work is started.**

The building plans must be on a minimum of 8 1/2 inch by 11 inch paper.

The plans should include the following items:

1. A site plan that includes the water source and the method of sewage disposal.
2. A floor plan that indicates the location of all sinks and equipment. The sinks and equipment must be clearly labeled, marked or identified. Elevation drawings may be requested.
3. A plumbing plan showing the water and waste water connection to each fixture. Include the location of the floor drains.
4. A lighting plan.
5. A finish schedule which includes materials to be used for the floors, base, walls and ceilings.
6. A mechanical plan if the lodging establishment includes an indoor public bathing place.
7. Other information that may be required for the proper review of the proposed construction, conversion or modification.

TIP - Extra review time and phone calls can be avoided if your plans make clear what is proposed and what already exists. When the plans examiner can readily determine exactly what is proposed, the time spent getting clarification is saved.

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Building plans do not need to be submitted if the project is located in a municipality that receives a set of plans for the health department as part of their review/permitting process.

**However**, the health department plan review application and fee must be submitted.

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**Approval of the plans and specifications by the Health Department does not indicate compliance with any other federal, state or local code, law or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection of the establishment will be necessary to determine if it complies with the laws governing food service establishments. All application fees must be paid in full before a license to operate will be issued.**