

## Food Service Plan Review Application

The Tennessee Department Health Rules governing Food Service Establishments require that plans drawn to scale for food service establishments be submitted for review and approval to the local Health Department prior to construction/renovation/modification of the facility. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

**Submittal Checklist:**

- Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, hand sinks and ware wash facilities. Plans must include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.
- A site plan locating exterior equipment, such as dumpsters and walk-ins
- Manufacturer specification sheets for each piece of new equipment
- Completed Food Service Plan Review Application (see below)
- Proposed Menu

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**Type of Construction:**      \_\_\_ New              \_\_\_ Remodel

**Name of Proposed Establishment:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Tennessee    Zip: \_\_\_\_\_

Establishment Phone (*if available*): (\_\_\_\_) \_\_\_\_\_

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**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Applicant (*if different from above*):** \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Title (*owner, manager, architect, etc.*) \_\_\_\_\_

Projected start date of construction: \_\_\_/\_\_\_/\_\_\_    Projected completion date: \_\_\_/\_\_\_/\_\_\_

**Hours of Operation:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Projected number of meals served between product deliveries:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Number of seats: \_\_\_\_\_

**The operation will include (*Check all that apply*):**

\_\_\_\_ Sit-down meals \_\_\_\_ take-out meals \_\_\_\_ catering

Single-service (disposable):

\_\_\_\_ plates \_\_\_\_ glassware \_\_\_\_ silverware

Multi-use (reusable)

\_\_\_\_ plates \_\_\_\_ glassware \_\_\_\_ silverware

**Indicate any specialized processes that will take place. *Specialized process may need a state approved variance or HACCP plan.***

\_\_\_\_ Curing \_\_\_\_ Acidification (sushi, etc.) \_\_\_\_ Smoking \_\_\_\_ Yogurt \_\_\_\_ Other (detail below)

\_\_\_\_ Reduced Oxygen Packaging (e.g.: vacuum packaging, sous vide, cook-chill, etc.)

Indicate which food product will be involved with the process checked above:

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

**Indicate any of the following highly susceptible populations that will be catered to or served:**

\_\_\_\_ Nursing Home \_\_\_\_ Child Care Center \_\_\_\_ Health Care Facility \_\_\_\_ Assisted Living Center

\_\_\_\_ School with pre-school aged children or an immuno-compromised population

**Does your food establishment have an Employee Health Policy?** \_\_\_\_ Yes \_\_\_\_ No

*(If yes, please include a copy)*

**Will under cooked or raw beef, eggs, fish, lamb, milk, pork, poultry or shellfish be served?** \_\_\_\_ Yes \_\_\_\_ No

*(If yes, please include Consumer Advisory on menu submitted.)*

**Water Heater Information**

Tankless or Tank type:

a. Manufacturer and model: \_\_\_\_\_

b. Storage capacity: \_\_\_\_\_ gallons **OR** Number of tankless units: \_\_\_\_\_

a. Electric water heater: \_\_\_\_\_ kilowatts (Kw)

b. Gas water heater: \_\_\_\_\_ BTU's

**Water Source**

Well water\*  Public Utility

*\*Provide results from water sample test taken within the last year.*

**Dishwashing Facilities**

Indicate which type of dishwashing facility will be utilized:

\_\_\_\_ Three Compartment Sink      \_\_\_\_ Mechanical Dishwashing

Type of sanitization:

\_\_\_\_ Chlorine      \_\_\_\_ Quat. Ammonium      \_\_\_\_ Hot Water      \_\_\_\_ Other (specify: \_\_\_\_\_)

List the make and model of the dish machines and glass washers to be installed:

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**STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from the Knox County Health Department will prevent issuance of an operational permit for the establishment. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the establishment may be required and that if the establishment is not in compliance with TCA 68-14-701, an operational permit will not be issued. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Applicant or Designee)**

Contact 865.215.5200 with any questions or concerns regarding the plans review process.

To submit plans, please choose one of the options listed below:

Mail:	Fax:	Email:
Knox County Health Department	865.215.5221	Environmental.plans@knoxcounty.org
Attn: Environmental Health		
140 Dameron Ave.		
Knoxville, TN 37917		

**For office use only:**

Date application received: \_\_\_\_\_ Approved  Unapproved  Date Operator Notified: \_\_\_\_\_

Comments if unapproved:

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