



**MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION**



**BULLHEAD CITY**  
1130 HANCOCK ROAD  
ZIP 86442  
(928) 758-0704

**KINGMAN**  
3250 E. KINO AVENUE  
ZIP 86409  
(928) 757-0901

**LAKE HAVASU CITY**  
2001 COLLEGE DRIVE, STE. 95  
ZIP 86403  
(928) 453-0712

**PLAN REVIEW APPLICATION**  
**FOOD & DRINK ESTABLISHMENTS**

Authority to Review Plans: Arizona Administrative Code, Title 9, Chapter 8, Article 1

Please complete the following information. Submit this application, a floor plan (that shows all of the information required by the construction guidelines) and the appropriate plan review fee.

<b>Name of Facility</b>	<b>Facility Address</b>
<b>Assessor's Parcel Number</b>	<b>Legal Description of Property</b>
<b>Business Phone</b>	<b>Business Fax</b>
<b>Owner's Name</b>	<b>Owner's Home Address</b>
<b>Owner's Home Phone</b>	<b>Email Address</b>
<b>Emergency Contact</b>	<b>Emergency Contact Phone</b>
<b>Type of Plan Review:</b> <input type="checkbox"/> <b>New Facility</b> <input type="checkbox"/> <b>Remodel</b>	

<b>Type of Operations</b>
<b>Intended Menu (include a copy of the proposed menu with the plans)</b>
<b>Anticipated volume of food to be stored, prepared, sold or served (sq. ft. storage space)</b>
<b>Dry:</b>
<b>Refrigerated:</b>

**I. WATER SUPPLY:**

<input type="checkbox"/>	Private	Water System #:
<input type="checkbox"/>	Community	Name:
<input type="checkbox"/>	Existing Water System	Describe:

**II. PLUMBING:**

List equipment that will have an indirect connection (ice machines, food prep sinks, 3-compartment sinks, walk-ins, etc.)	
Vacuum Breakers (how many, where):	
Floor Sinks (how many, where):	
Utility sink provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handwashing facility provided in food preparation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater	<input type="checkbox"/> Gas <input type="checkbox"/> Electric    Size: _____
<b>Note: Water Heater(s) must be sized in accordance with the Food and Drug Administration and Conference for Food Protection Food Establishment Plan Review Guide which may be found at <a href="http://www.fda.gov/downloads/Food/GuidanceRegulation/ucm102738.pdf">http://www.fda.gov/downloads/Food/GuidanceRegulation/ucm102738.pdf</a></b>	

**III. SEWAGE TREATMENT SYSTEM:**

<input type="checkbox"/>	Private	Septic Permit #:
<input type="checkbox"/>	Municipal	Company Name:
<b>Note: All new or remodeled septic systems must have a septic permit from the Mohave County Environmental Health Division. Existing septic systems must be reviewed by the Environmental Health Division to determine if they are adequately sized for the proposed establishment.</b>		

**IV. SOLID WASTE:**

Type of containers:	
Storage area for containers:	
Refuse area curbed and graded to a drain	
Where will garbage be disposed?	
Where will grease (if applicable) be disposed?	

**V. GENERAL PROVISIONS**

Dishwashing Facilities (describe)			
Seating Capacity	Existing Size:	New Size:	
Men's Restrooms	# Toilets:	# Lavatories:	# Urinals:
Women's Restrooms	# Toilets:	#Lavatories:	
Mixing (combination) faucets provided in restrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-closing doors on exterior restroom doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of ventilation in restrooms:			
Employees provided with lockers/personal storage space?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe food storage facilities (type of storage – refrigerated, dry, etc. with square footage of each):			
If applicable, sneeze guards provided for buffets/salad bars?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Outer opening doors/windows screened with 16 mesh screening, an air curtain or self-closures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**VI. VENTILATION (HOODS & FANS):**

List Rooms/Equipment	CFM	Filters	Mechanical	Model

**VII. FINISHING MATERIALS OF ROOMS (use a second sheet if necessary):**

List Rooms	Walls	Junctures Coved	Floors	Ceiling

**VIII. LIGHTING (use a second sheet if necessary):**

List Rooms/Equipment	Number	Type	Foot Candles	Shielded

**IX. EQUIPMENT (list all equipment including finishes on counters & shelves – use second sheet if necessary)**

Item	Constructed Of	Finish Material	Make/Model

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Mobile Food Units must provide commissary agreement**

*I understand that by signing this plan review application, any item(s) inadvertently overlooked in the plan review process or construction inspection which is not in compliance with applicable County Codes and/or State Laws, shall be constructed or reconstructed upon request of the Environmental Health Division. Inferior workmanship, equipment, or materials will not be accepted for the construction or operation of a food facility. Any variance from the requirements will require written approval from this Dept.*

**Signature of Owner/Operator** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Development Services must sign-off for unincorporated areas**

**Mohave County D.S. Sign-off:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*These plans are being reviewed for compliance with the Mohave County Food Code. Construction/Improvements related to other State Laws and/or County Codes are not to be considered part of this review.

**FEES ARE NON-REFUNDABLE**

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

<b>Review Accepted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reviewed By (EHS)</b>	<b>Date</b>
<b>Fee Paid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Receipt#</b>	<b>Amount Paid:</b>
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Other