



**Oklahoma City-County Health Department**  
 Food Safety & Environmental Health  
 2400 NW 36th Street  
 Oklahoma City, OK 73112  
 Plan Review Telephone: (405) 425-4327  
 Email: [planreview@occhd.org](mailto:planreview@occhd.org)  
[www.occhd.org](http://www.occhd.org)

**PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT**

Establishment Type:  Food  Lodging  Medical Marijuana

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

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

**APPLICANT INFORMATION:**

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

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

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

**CONTACT INFORMATION (IF DIFFERENT):**

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

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

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

**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 \$425.00** made payable to the **Oklahoma City-County Health Department (OCCHD)**.

**This fee is NON-REFUNDABLE!**

**DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY TO:**

**2400 NW 36th Street  
 Oklahoma City, OK 73112**  
 Or pay the fee online at: [occhd.org/payment](http://occhd.org/payment)

All facilities must be inspected and licensed prior to operation. Completion and submission of this form does not constitute authorization to open a food establishment.

**OCCHD USE ONLY**

- Cash
- Check
- Money Order
- Online

Date Received:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_



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## INSTRUCTIONS FOR PLAN REVIEW APPLICATION AND FEE SUBMISSION

**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. **All equipment must be commercial and used for its intended purpose.**
3. A plumbing plan showing the water and wastewater connection to each fixture. Include the location of the floor sinks.
4. A lighting plan.
5. A finish schedule which includes materials to be used for the floors, base, walls and ceilings.
6. 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.**



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New     Remodel     Fire Restoration     Addition     Move-On     Conversion

**Type of Operation:**

- |                                                       |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Food Service Establishment   | <input type="checkbox"/> Food Service Establishment with Bar |
| <input type="checkbox"/> Bar                          | <input type="checkbox"/> Combination Retail Food             |
| <input type="checkbox"/> Retail Food Store            | <input type="checkbox"/> Seasonal Food                       |
| <input type="checkbox"/> School                       | <input type="checkbox"/> Lodging                             |
| <input type="checkbox"/> Medical Marijuana Dispensary | <input type="checkbox"/> Other _____                         |

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

**Establishment Address:** \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

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

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

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

**Dates:** Projected Start Date \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

**FOR LODGING FACILITIES ONLY:**

**Type of Food Operation:**

- Continental Breakfast     Full Breakfast Only     Full Service     Full Service with Bar

**Type of Public Bathing Place (check all that apply):**

- Indoor Pool     Outdoor Pool     Indoor Spa     Outdoor Spa

**FINISH SCHEDULE**

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used in the following areas.

| AREA                                     | FLOOR | FLOOR/WALL<br>JUNCTURE | WALLS | CEILING |
|------------------------------------------|-------|------------------------|-------|---------|
| Kitchen                                  |       |                        |       |         |
| Bar                                      |       |                        |       |         |
| Food Storage                             |       |                        |       |         |
| Other Storage                            |       |                        |       |         |
| Toilet Rooms                             |       |                        |       |         |
| Garbage & Refuse<br>Storage              |       |                        |       |         |
| Mop Service Sink                         |       |                        |       |         |
| Warewashing<br>Area                      |       |                        |       |         |
| Walk-in<br>Refrigerators and<br>Freezers |       |                        |       |         |
| Other                                    |       |                        |       |         |

**WATER SUPPLY**

Is the water supply public ( ) or non-public/private ( ) ?

If private, has water source been approved? YES ( ) NO ( )

If yes, attach copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (ODEQ).  
If no, must provide ODEQ approval prior to licensing.

**SEWAGE DISPOSAL**

Is the sewage system public ( ) or non-public/private ( ) ?

If private, has sewage system been approved? YES ( ) NO ( )

If yes, attach copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (ODEQ).  
If no, must provide ODEQ approval prior to licensing.