

GRUNDY COUNTY HEALTH DEPARTMENT

1320 Union Street • Morris, Illinois 60450
PHONE: (815) 941-3404 • FAX: (815) 941-2389
gchdil@grundyhealth.com TTY (815) 941-1428

Dear Owner/ Operator:

It is the responsibility of the Environmental Health Division of the Grundy County Health Department to ensure that food establishments are built and operate in accordance with the County's food code standards. The information provided herein describes the steps that need to be completed before a health permit can be issued to operate a food establishment. This letter is a summation of the plan review process. Attached is a list that provides the construction requirements found in the applicable codes and our plan review fee.

- 1) Prior to any construction, a set of plans must be submitted to, reviewed and approved by this Department. The plans must be scaled drawings showing the location of all the proposed rooms, equipment and related information including plumbing plans and HVAC plans. A room finish schedule is required and an equipment schedule is preferred. We also need specification sheets for all proposed equipment to be installed.
- 2) An application for plan review must be completed and submitted with the plan review fee before the plans will be reviewed. Please send a check or money order payable to the "Grundy County Health Department".
- 3) When the plans and information is reviewed, a clarification letter may be issued. All items requiring additional information or clarification must be addressed with this Department before we will approve the plans. If no questions or concerns exist, or after any existing questions have been sufficiently addressed a plan approval letter may be issued. Construction may not begin until a plan approval letter is issued by this department.
- 4) A pre-operational inspection and an opening inspection will be made upon completion of construction and before a permit to operate is issued. Other periodic inspections during the course of construction may also occur. Should any questions arise, we encourage you to contact us so that we can answer your question and help you avoid delays to the opening of your facility.
- 5) A Food Service/Retail Food Store application must be completed and return it to us with the Annual Permit fee (amount found on application). A permit to operate cannot be granted until the Food Service/Retail Food Store application and permit fee have been received by this Department.

The information provided is a summary only, however full compliance with the applicable codes is expected. If you have any questions please do not hesitate to call us.

Sincerely,



Cara R. Anderson, LEHP
Interim Director of Environmental Health

BOARD OF HEALTH

Larry Johnson, D.V.M.
Leticia Setrini-Best, M.D.

Joan Harrop, J.D.
Tom Poole
Philip J. Jass, M.P.A., Administrator

John B. Roth, M.D.
Millie Dyer

Jim Wright
Ann-Marie Struck, D.D.S

General requirements for Food Service / Food Store facilities:

- 1) All establishments must have an approved source of water and sewage disposal system.
- 2) Ceilings in all food storage, food prep, self-service, and restroom areas must be smooth, easily cleanable, durable, and light in color such as vinyl coated gypsum board or other approved material. Acoustic ceiling tiles are NOT approved.
- 3) Walls must be constructed of a durable material, smooth, easily cleanable and light in color. Drywall must be painted with a high-gloss, light-colored paint. Additional wall covering material (i.e. FRP, Ceramic tile) may be required in some locations to ensure that the walls are durable and cleanable.
- 4) Floors of all food preparation, food storage, ware-washing areas and restrooms must be covered by a commercial grade vinyl composite tile, ceramic tile, quarry tile or other approved floor covering. The juncture between walls and floors must have a coved base constructed of the same material.
- 5) All equipment that produces grease and/or smoke must be equipped with a grease extraction hood.
- 6) All food processing, storage, display, or other equipment must have the seal of the National Sanitation Foundation (NSF) or equivalent sanitation standard.
- 7) All permanent equipment must be installed to be easily cleaned on all sides by maintaining 18" from all walls and 6" off the floor, or by mounting the equipment on casters so that it is easily moved to facilitate regular cleaning.
- 8) 3-compartment sinks are to be equipped with 2 drain boards, lockable drain plugs for each compartment, an adequately sized faucet and an indirect connection to the sewer.
- 9) Indirect connections to the sewer are required at the waste lines of all prep sinks, 3-compartment sinks, dishwashers, ice machines, soda dispensers, beer taps, walk-in coolers/freezers or any equipment requiring drainage. Floor drains are not permitted in walk-in coolers/freezers.
- 10) Hand sinks must be conveniently located near all food prep, food service, and ware washing areas. Hand sinks must be provided with hot and cold running water, soap, and disposable hand towels. Metered faucets must run for no less than 15 seconds.
- 11) A mop sink is required and must be equipped with a vacuum breaker.
- 12) If a grease trap is to be installed, it must be properly sized and recessed into the floor to provide a flush and cleanable surface unless an exterior grease catch basin is being installed.
- 13) All restrooms must have self-closing doors and mechanical ventilation.

- 14) All exterior doors must be self-closing and tight fitting.
- 15) Dumpsters must be located on concrete or asphalt, and be equipped with lids in good repair. If located within an enclosure, the interior walls of the enclosure must also be capable of being cleaned.
- 16) All food preparation must be supervised by a certified Illinois Food Service Sanitation Manager or must have an individual enrolled in an IDPH approved eight hour course upon first day of operation.

Plan Review Fee:

Food Service Facility (Retail Food Store)

Seating 0-24 (Less than 1,500 sq. ft)----- 330.00

Seating 25-59 (1,500 – 3,999 sq. ft.)----- 415.00

Seating 60-99 (4,000 – 7,499 sq. ft)----- 470.00

Seating 100+ (7,500 – 10,000)----- 550.00

(10,000+ sq.ft)----- 660.00

Partial Plan Review ----- 50% of full fee

Late Payment ----- Additional 25% of fee due

ROOM FINISH SCHEDULE

Room / Area	Floor Finish	Coved Base Material	Wall Finish	Ceiling Finish
Food Prep / Kitchen				
Ware Washing				
Food & Paper Goods Storage				
Walk-in Refrigerator / Freezer				
Mop / Janitorial				
Waitress Station				
Bar				
Restroom # 1				
Restroom # 2				
Self Service				
Buffet / Salad Bar				
Front Service Counter # 1				
Front Service Counter # 2				
Dining Area				
Other:				



**GRUNDY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

**1320 UNION STREET
MORRIS, ILLINOIS**

Phone: (815) 941-3115 Fax (815) 941-2389

APPLICATION FOR FOOD SERVICE/RETAIL FOOD STORE PLAN REVIEW

(PLEASE PRINT OR TYPE)

NAME OF ESTABLISHMENT: _____ Date: _____

STREET ADDRESS OF ESTABLISHMENT: _____ P.O. BOX: _____

CITY: _____ ZIP CODE: _____ PHONE: _____ FAX: _____

OWNER'S NAME (AGENT IF CORPORATION): _____

MAILING ADDRESS (INCL. CITY STATE AND ZIP): _____

PRIMARY CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

PROJECT MANAGER/COORDINATOR: _____

MAILING ADDRESS (INCL. CITY STATE AND ZIP): _____

CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

OTHER CONTACTS FOR THIS PROJECT: _____

CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

PLAN REVIEW MATERIALS PROVIDED:

- PLAN REVIEW APPLICATION AND FEE
- PLAN OF THE FACILITY, DRAWN TO SCALE INCLUDING PLUMBING SCHEMATIC
- EQUIPMENT SPECIFICATION SHEETS OR EQUIPMENT SCHEDULE INCLUDED ON PLANS
- ROOM FINISH SCHEDULE

PROPOSED SEATING CAPACITY: _____ **PROPOSED BUILDING SIZE:** _____

Construction/Remodeling work is: New Construction Complete Remodel Partial Remodel*

Plan Review Fee:	Seating 0 - 24 (less than 1,500 square feet)	\$330.00
	Seating 25 - 59 (1,500 - 3,999 square feet)	\$415.00
	Seating 60 - 99 (4,000 - 7,499 square feet)	\$470.00
	Seating 100 + (7,500 - 10,000 square feet)	\$550.00
	(10,001 square feet or larger)	\$660.00

*Plan Review Fee for Partial Remodel: 50% of the Full fee.

Please make check or money order payable to: **GRUNDY COUNTY HEALTH DEPARTMENT**

Plans will not be reviewed until the required fee is paid in full.

(For office use only)

Plan Review Fee Received (date): _____ Plan Review Fee: _____

Plans Received: _____ Plans Approved: _____

Remarks/Comments: _____