

**WEBER-MORGAN DISTRICT HEALTH DEPARTMENT**

**477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401**

**TELEPHONE: (801) 399-7160**

**FAX: (801) 399-7170**

**FOOD ESTABLISHMENT PLAN REVIEW SPECIFICATIONS FORM**

Prior to our review, the required **\$132.00 fee** for the plan review and the pre-opening inspection must be paid **(includes 2 hours of review plus \$66 per hour after)**. An accurate and detailed plan and specification document is most important and critical for the proper construction and operation of your establishment.

**Please take your time and fill out the following pages in detail, with accuracy, and completely, including the finish schedule and the equipment installation list. Notations of "see plans" will not be accepted. Your application will be returned if the requested information is not provided.**

DATE: \_\_\_\_\_ DATE OF PLANNED OPENING: \_\_\_\_\_

**ESTABLISHMENT NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ESTABLISHMENT ADDRESS:** \_\_\_\_\_  
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

**PARTY TO RECEIVE CORRESPONDENCE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

**CONTRACTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

**ARCHITECT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ (FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE (FULL)

**OWNER:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ (FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE (FULL)

**SERVICE TYPE:**  FULL SERVICE  FAST FOOD  BAR  CAFETERIA  CONVENIENCE  
 OTHER: \_\_\_\_\_

NEW ESTABLISHMENT  REMODEL  MENU ATTACHED  SERVES LIQUOR

**SEATING CAPACITY:** \_\_\_\_\_ INDOORS \_\_\_\_\_ OUTDOORS