




847-931-5920 

publichealth@cityofelgin.org 

www.cityofelgin.org/business 

150 Dexter Court, Elgin, IL, 60120 

FOOD ESTABLISHMENT PLAN REVIEW

Please allow at least 10 business days for the process of this application

WHAT YOU SHOULD HAVE WITH YOU

- ▶ Proposed menu (including seasonal, off site and banquet menus)
- ▶ Manufacturer Specification for each piece of equipment shown on plan cut sheets
- ▶ Equipment layout
- ▶ Plumbing layout (include waste vent diagram)
- ▶ Kitchen Exhaust ventilation plans
- ▶ Copies of certified food protection manager certificates as applicable.

(Plans and applications may also need to be submitted to the Fox River Water Reclamation District as well as the Elgin Fire Department)

GENERAL INFORMATION

ESTABLISHMENT

EMAIL ADDRESS

PHONE

PARCEL ID NUMBER

ADDRESS (Street, City, State, Zip)

OWNER

PHONE

ARCHITECT

PHONE

CONTRACTOR

PHONE

EQUIPMENT SUPPLIER

PHONE

EMAIL ADDRESS

ADDRESS *(Street, City, State, Zip)*

EMAIL ADDRESS

ADDRESS *(Street, City, State, Zip)*

EMAIL ADDRESS

ADDRESS *(Street, City, State, Zip)*

EMAIL ADDRESS

ADDRESS *(Street, City, State, Zip)*

IS THIS NEW CONSTRUCTION OR A REMODEL?

Remodel of existing permitted
establishment *(Same owner)*

New construction

TYPE OF MENU: _____ *(Attach menu if available)*

SEATING CAPACITY: _____ *(If seating is provided, you must provide public restrooms)*

IS THIS A CATERING OPERATION?

Yes No

NUMBER OF PUBLIC RESTROOMS PROVIDED:

Men's _____ Women's _____

TOTAL FACILITY AREA *(Square Feet)*

KITCHEN PREPARATION AREA *(Square Feet)*

DRY FOOD STORAGE AREA *(Square Feet)*

PROJECTED START DATE OF CONSTRUCTION

PROJECTED DATE OF PRE-OPENING INSPECTION conducted after all equipment is installed, hot water has been turned on and all cold units are down to temperature (freezers must be at 0° F and refrigerators must be 41° F or below): _____

OWNER/AUTHORIZED AGENT SIGNATURE

DATE

R O O M F I N I S H S C H E D U L E

FRP (Fiberglass Reinforced Panels) or Stainless Steel required behind splash areas.Specific brand names and colors for materials should be specified whenever possible to insure acceptability.*

Room or Area	Floor	Floor Cove	Walls	Ceiling	Comments
Food Preparation					
Cookline			Stainless Steel		
Utensil Washing					
Food Storage					
Walk-in Register					Fluorescent Strip Lighting Required
Walk-in Freezer					Fluorescent Strip Lighting Required
Janitorial Areas					
Waitress Areas					
Bar					
Restrooms					
Dressing and Locker Room					
Buffet and Salad Bars					
Other					

P L U M B I N G C O N N E C T I O N S

	Air Gap	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilet					
Urinal					
Dishwasher					
Garbage Grinder					
Ice Machine					
Ice Storage Bin					
Mop Sink					
Janitor Sink					
Hand Sink					
3 comp					
2 comp					
Prep Sink					
Steam Tables					
Dipper Wells					
Condensate Lines					
Hose Connection					
Beverage Dispenser with Carbonator					

NAME OF COMPANY AND SERVICE THAT WILL INSPECT AND SERVICE THE BACKFLOW PREVENTION DEVICES: _____

WILL YOU HAVE A GREASE INTERCEPTOR?

Yes No

LOCATION OF INTERCEPTOR:

Indoor recessed Outdoor

Note: all grease interceptors must be approved by Fox Valley Water Reclamation District (FRWRD)

SIZE OF GREASE INTERCEPTOR (Gallons)

NAME OF COMPANY AND SERVICE THAT WILL CLEAN AND MAINTAIN THE INTERCEPTOR: _____

DISHWASHING AND SANITIZING

WATER HEATER CAPACITY (Gallons - 40 gallon min.) _____

WATER HEATER RECOVERY RATE _____ GPH AT _____ OF RISE.

MANUAL DISHWASHING

A three compartment sink is required for all establishments that prepare food. Chemical test kits must be made available for checking sanitizer concentration. The largest pot and pan must fit into each compartment of the pot sink.

TYPE OF SANITIZER TO BE USED _____

MECHANICAL DISHWASHING

DISH MACHINE MANUFACTURER AND MODEL NUMBER _____

MECHANICAL VENTILATION PROVIDED AT DISH MACHINE AT _____ CFM'S.

WILL YOU HAVE A CHEMICAL SANITIZER DISH MACHINE? Yes No

_____ (Chemical test kits must be available for checking sanitizer concentration)

TYPE OF SANITIZER TO BE USED _____

WILL YOU HAVE A HOT WATER SANITIZING DISH MACHINE? Yes No

BOOSTER HEATER MANUFACTURER AND MODEL NUMBER _____

BOOSTER HEATER WILL BE LOCATED _____ FEET AWAY FROM DISHWASHER.

IS THE SUPPLY PIPE INSULATED? Yes No

TEMPERATURE GAUGE INSTALLED BEFORE BOOSTER HEATER? Yes No

PRESSURE REGULATOR INSTALLED ON FINAL FALL LINE? Yes No

PRESSURE AND TEMPERATURE GAUGES INSTALLED ON FINAL FALL LINE? Yes No

(Test kits must be available to check hot water sanitizing capability)

EMPLOYEES AREAS AND HAND WASHING FACILITIES

NUMBER OF HAND WASHING SINKS

PROJECTED NUMBER OF EMPLOYEES PER SHIFT

- ▶ *A hand washing sink is required in each food preparation and ware washing area. Each sink must be supplied with hand cleaning soap, individual disposable towels or a heated air hand drying device, and a hand washing sign notifying employees to wash their hands.*
- ▶ *Hand washing sinks, including those in the restrooms, must have a mixing valve or combination faucet to provide water at a temperature of at least 100°F but no more than 110°F.*
- ▶ *Each restroom must have covered waste receptacles, mechanical ventilation, and self-closing doors.*
- ▶ *All self-closing or metering faucets must provide a flow of water for at least 15 seconds without the need to reactivate.*

LIGHTING

- ▶ *Protective shielding provided for lighting fixtures is required over all preparation, display, food storage and utensil washing areas.*
- ▶ *All walk-in refrigerators and freezers must have LED or fluorescent lighting with vapor proof fixtures and cold tolerant ballasts.*
- ▶ *Walk in refrigeration units and dry food storage areas must provide 10 foot candles of light.*
- ▶ *Dining areas, inside equipment, equipment, equipment storage, toilet rooms, hand washing areas and ware washing areas must provide 20 foot candles of light.*
- ▶ *Food work areas where employees are working with food, utensils, or equipment must provide 50 foot candles of light.*

GARBAGE AND REFUSE DISPOSAL

The surface where dumpsters, compactors, garbage cans, grease barrels, and recyclables must be stored on asphalt or concrete

COMPACTOR/REFUSE DISPOSAL COMPANY

WILL A GREASE BARREL BE USED?

Yes No

GREASE BARREL NUMBER

GREASE BARREL SIZE

FREQUENCY OF PICKUP

GREASE BARREL DISPOSAL COMPANY

WILL A DUMPSTER BE USED?

Yes No

DUMPSTER NUMBER

DUMPSTER SIZE

FREQUENCY OF PICKUP

WILL A COMPACTOR BE USED?

Yes No

COMPACTOR NUMBER

COMPACTOR SIZE

FREQUENCY OF PICKUP

EQUIPMENT VENTILATION

Approval is subject to ventilation specifications meeting all applicable requirements of the appropriate current edition of the Mechanical Code.

MECHANICAL ENGINEER

PHONE

ADDRESS (Street, City, State, Zip)

WHO WILL CLEAN YOUR VENTILATION SYSTEM? _____

EXHAUST FAN MANUFACTURER AND MODEL NUMBER _____

MAKE-UP AIR ENTRY POINT INTO KITCHEN _____

FORCED AIR? Yes N/A Tempered Untempered

GRAVITY FED AIR? Yes N/A Tempered Untempered

PEST CONTROL

NAME OF THE PEST CONTROL COMPANY _____

