

**ENVIRONMENTAL HEALTH SERVICES**

Brevard County Government Center  
 2725 Judge Fran Jamieson Way, Building A  
 Viera, FL 32940-6682  
 Telephone: (321) 633-2053 Fax: (321) 633-2163

**PLAN REVIEW APPLICATION**  
 Plan Review Fee: \$35.00 Per Hour  
 (Payable to: Board of County Commissioners)

Facility Name:		Phone	
Facility Address:	City:	Zip:	
Owner:	Phone:	Fax:	
Applicant/Contact:	Phone:		
Address:	City:	State:	Zip:
Facility Type:			
<b>Anticipated Construction Start Date:</b> _____ <b>Construction Completion Date:</b> _____ <b>Anticipated Opening Date:</b> _____		<b>Food Service:</b> Onsite Food Preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No Food Prepared Onsite? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks Only Food Catered? <input type="checkbox"/> Yes <input type="checkbox"/> No Caterer: _____ Copy Proposed Menu Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Detailed Plan Attached For Review? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Use Environmental Health Plan Review Guide to Help Develop Plan.</li> <li>• Attach Equipment Schedule/List.</li> <li>• Describe Finishes of Floor, Wall, Ceiling.</li> <li>• Plumbing Fixtures/Floor Drains/Water Lines</li> </ul> Alcoholic Beverage License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a copy of Chapter 64E-11, Food Service Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Basic Information</b> <b>Building Size:</b> _____ <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Convert/Remodel      Existing Structure Existing Structure,      Different Use Same Use <input type="checkbox"/> Open Closed Facility		<b>Child Care Facilities: Attach to Scale Plan</b> Adjacent Operator's Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Number of Children: _____ Estimated Indoor Space: _____ Indoor Space Climate Controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No Age Groups: _____ Estimated Number Employees: _____ Days Operating: _____ Operating Hours: _____ Number of Toilets: _____ Number of Hand Sinks in Toilet Area: _____ Separate Employee Restroom? <input type="checkbox"/> Yes <input type="checkbox"/> No Drinking Fountain? <input type="checkbox"/> Yes <input type="checkbox"/> No Bathing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Fenced Playground: Fencing Material: _____ Height: _____	
<b>If Existing Structure, Complete:</b> Building Age: _____ Previous Name: _____ Describe Structure and Previous Use: _____			
<b>Water Supply:</b> Onsite Well? <input type="checkbox"/> Yes <input type="checkbox"/> No DEP/DOH Permit # _____ Municipal/Utility? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____			
<b>Waste Water Disposal:</b> Onsite Sewage Disposal System <input type="checkbox"/> Yes <input type="checkbox"/> No Septic/Existing System Permit # _____ Onsite Package Treatment Plant? <input type="checkbox"/> Yes <input type="checkbox"/> No Municipal/Utility? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____			
<b>Waste:</b> Do you have a mop sink or can wash facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Garbage Storage Containers/Size _____ Grease Trap? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Size? _____			
<b>Projected Capacity (Seats, Children, Spaces):</b> Number _____			

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_