



310 S. Main St. • Bellefontaine, OH 43311  
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**APPLICATION FOR FOOD SERVICE OPERATION PLAN REVIEW**

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

Operation Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(other than owner)*

Authorized Representative Address: \_\_\_\_\_

\_\_\_\_\_

**OPERATION INFORMATION**

Type of Construction:  New Construction  Addition/Expansion  Remodel/Alteration

Projected Starting Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

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

<b>(for office use only) Plan Review Fees:</b>	
<b>Time</b>	<b>Fee</b>
0- ½ hour	\$0.00
½ - 1 hour	\$24.00
1-2 hours	\$48.00
2-3 hours	\$72.00
3-4 hours	\$96.00
4 + hours	\$120.00

<b>Review Time:</b>
<b>Fee:</b>
<b>Date Paid:</b>
<b>Receipt #:</b>
<b>Plan #:</b>