



Menard County Health Department
c/o Sangamon County Department of Public Health
2833 South Grand Avenue East | Springfield, IL 62703-2175

MENARD COUNTY PLAN REVIEW (FOOD ONLY) APPLICATION

Establishment Name: _____ City: _____
Applicant's Name: _____ Phone: _____
Applicant's Email: _____ TYPE: New ___ Remodel ___ Conversion ___
Projected Start of Project: _____ Projected completion of Project: _____

BLUE PRINTS

Water source: _____ Sewage Disposal; Public or Private

Plan drawn to scale and showing the following (minimum size: 8½" x 11"):

- Equipment location _____
- Spec sheet for equipment _____
- Outside (egress/food prep) _____
- Finish schedule _____
- Plumbing schedule (diagram) _____
- Ventilation system _____
- Grease trap properly sized: _____
- Properly sized 3 compartment sink: _____
- Drain boards: _____
- Dishwasher : Type & Location: ----- _____
- Sanitizer used: _____
- Test kits: ----- _____
- Accessible Hand Sinks: _____
- Mixing valves for sinks: _____ Soap/ towels: _____
- Toxic chemical storage: _____
- Dressing rooms/employee storage available: _____
- Menu provided: _____

PLUMBING (Must be done by a licensed plumber and meet the Illinois Plumbing Code)

Plan review signature: _____ Date: _____

