



**JACKSON COUNTY, MISSOURI**  
**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**  
**FOR A**  
**FOOD ESTABLISHMENT REMODEL**  
*Plan Review / Pre-Opening Inspection Fee \$320*

**Permit Fees**

Permit fees are determined by using a priority assessment worksheet provided by the State of Missouri Division of Health and Senior Services. Risk factors are identified and the fee is determined by the amount of risk.

|                                    |          |
|------------------------------------|----------|
| Low priority yearly permit .....   | \$260.00 |
| Medium priority yearly permit..... | \$475.00 |
| High priority yearly permit .....  | \$795.00 |

**Warning:** *Failure to complete any question on this application in its entirety will result in the delay of your pre-opening inspection.*

**ESTABLISHMENT INFORMATION**

Name of Establishment: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

**BILLING INFORMATION**

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

## BUSINESS OWNER INFORMATION

Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Maximum Meals to be served (approximate number):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: (check all that apply)

Sit Down Meals     Take Out     Caterer     Mobile Vendor     Other

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:

1. Provide plans drawn to scale of food establishment that show the location of equipment, plumbing, electrical services and mechanical ventilation. Plans must be a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system if applicable).
3. Proposed Menu (including seasonal, off-site and banquet menus).
4. Manufacturer specification sheets for each piece of equipment shown on the plan if available.
5. Equipment schedule.
6. Plumbing schedule.
7. Jackson County Business License.
8. Jackson County Liquor License (if applicable).
9. Business Personal Property Account Number from the County Assessment Office (see attached application form or contact the Assessment Office at 816-881-4672).

**PLEASE COMPLETE THE FOLLOWING SECTIONS**

During remodel construction, the facility may not operate if there is an interruption in power, gas, sewage disposal, or water supply. The remodeled food establishment must be inspected prior to opening/operating.

1. Briefly describe the remodeling project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Will the establishment be open or closed during the remodel?  
 Open     Closed

3. If the establishment is open during the remodel, an inspection will be required to insure proper steps are taken to protect the food preparation/storage areas from dust or other possible contamination during the remodel. Describe what steps will be taken to prevent contamination of food preparation/storage/service areas during the remodel.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINISH SCHEDULE**

The finishes of the floors, walls, and ceilings in food establishments shall be smooth, durable, easily cleanable, and be non-absorbent in areas exposed to moisture. Floor wall junctures shall be coved. Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

|                                    | <b>FLOOR</b> | <b>COVING</b> | <b>WALLS</b> | <b>CEILING</b> |
|------------------------------------|--------------|---------------|--------------|----------------|
| Kitchen                            |              |               |              |                |
| Bar                                |              |               |              |                |
| Food Storage                       |              |               |              |                |
| Toilet Rooms                       |              |               |              |                |
| Mop service basin area             |              |               |              |                |
| Ware washing area                  |              |               |              |                |
| Walk-in refrigerators and freezers |              |               |              |                |

**SINK REQUIREMENTS AND BACK FLOW PREVENTION**

- 1. Is a mop sink present?  
 Yes     No
- 2. Are back-flow prevention devices installed on any water supply where a hose can be connected?  
 Yes     No
- 3. Is there a hand washing sink in each food preparation and ware washing area?  
 Yes     No
- 4. A three compartment sink is always required in a facility that cleans food utensils/equipment even when a dishwasher is provided (4-301.12). If required, does this facility have a three compartment sink?  
 Yes     No
- 5. Are there drain boards on the 3-compartment sinks?  
 Yes     No



I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
*Owner(s) or responsible representative(s)*

Date: \_\_\_\_\_

Approval of these plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**Plan Review / Pre-Opening Application Fee: \$320**

***Make check payable to JACKSON COUNTY and send with all required documents to:***  
JACKSON COUNTY ENVIRONMENTAL HEALTH  
3651 NE Ralph Powell Road  
Lee's Summit, MO 64064

Phone: (816) 881-6690 ● Fax: (816) 881-1650

**AFTER** you have completed the application process, and you are ready to begin operating your business:  
**PRIOR TO OPENING - You must call our office at (816) 881-6690 to schedule a pre-opening inspection with our health inspector. You cannot begin operating your business without prior approval from the health inspector. Failure to get approval to open will be in violation of Jackson County Food Code, Chapter 40.**