

**Environmental Health Department
1625 13th St. Room 105
Lubbock, TX 79401
806 775 2928 Fax 806 775 3281**

**PLAN REVIEW APPLICATION
FOR FOOD ESTABLISHMENTS**

**TO BE COMPLETED BY THE ESTABLISHMENT
OPERATOR / OWNER**

Name of Facility: _____

Date: _____

A plan review fee of \$200.00 must be paid when completed application is submitted. This application, fully completed, and one set of plans, stamped by a licensed engineer or architect, must be submitted before Environmental Health Department staff will approve or disapprove. Failure to include all requested material will delay the processing of your request. After application and plans are submitted and deemed complete, Environmental Health Department staff will respond within 10 working days. Response of "see plans" will not be accepted. Applicant must complete each section of this document for approval. Please provide Department with phone and email contact information of person in charge for assigned Inspector to address questions they may have in regards to your application.

SECTION	ACTION	Pg	
1. Facility Information	Complete Section	3	<input type="checkbox"/>
2. Owner Information	Complete Section	4	<input type="checkbox"/>
3. Applicant Information	Complete Section	4	<input type="checkbox"/>
5. Food Supply	Complete Section	7	<input type="checkbox"/>
6. Food Preparation	Complete Section attach additional sheets if needed	7	<input type="checkbox"/>
7. Thawing Frozen TCS Foods	Complete Section	9	<input type="checkbox"/>
8. Hot/Cold Holding	Complete Section	10	<input type="checkbox"/>
9. Cooling	Complete Section	11	<input type="checkbox"/>
10. Re-Heating	Complete Section	11	<input type="checkbox"/>
11. Operational	Complete Section attach documents	12	<input type="checkbox"/>
12. Finish Schedule	Complete Section	14	<input type="checkbox"/>
13. Pest Control	Complete Section	16	<input type="checkbox"/>
14. Refuse, Recyclables and Returnable's	Complete Section	17	<input type="checkbox"/>
15. Water Supply / Heater	Complete Section attach documents	18	<input type="checkbox"/>
16. Sewage Disposal	Complete Section attach documents	18	<input type="checkbox"/>
17. Backflow Prevention	Complete Section	19	<input type="checkbox"/>
18. Dishwashing Facilities	Complete Section	20	<input type="checkbox"/>
19. Handwashing / Toilet Facilities	Complete Section	21	<input type="checkbox"/>
20. Dressing Rooms	Complete Section	21	<input type="checkbox"/>
21. Other	Complete Section	21	<input type="checkbox"/>
Page 23 Statement	Sign and date	23	<input type="checkbox"/>

Submit plans, completed plan review form, and all attachments to the City of Lubbock Environmental Health Department at:

1625 13th St. Room 105
Lubbock, TX 79401
(806) 775-2928 Fax (806) 775-3281

1. FACILITY INFORMATION

Facility Name _____

Address _____ Planning Unit # _____

_____ Phone _____

_____ Emergency _____

_____ Contact Phone* _____

Facility Web Site: _____

**Facility email: _____

* must be answered after hours, weekends, holidays 24/7 in case of emergency

**must be valid email address for facility

Facility Type

- New Facility will be constructed from the ground up.
- Remodel / Addition Current food facility that will be remodeled or additions added.
- Conversion Current facility that will be converted to food establishment.
- Change of Ownership Current food facility that will change ownership

Type of Operation

- Restaurant Restaurant with dining area available
- Takeout Only Walk-in, walk-up, drive through, or delivery-only; no dining area
- Institution School, Hospital, Nursing Home, Detention Facility
- Daycare Child or Adult
- Retail Food Grocery Store, Market, Convenience Store
- Mobile Unit Must be on wheels and readily moveable
- Other _____

Projected Start Date: _____

Projected Completion Date: _____

Hours of Operation	SUN	_____	THUR	_____
	MON	_____	FRI	_____
	TUES	_____	SAT	_____
	WED	_____	<input type="checkbox"/>	24 / 7

Number of Indoor Dining Seats: _____	#of Shifts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Empl. per Shift
	(1) operates from _____ to _____	_____
Number of Outdoor Dining Seats: _____	(2) operates from _____ to _____	_____
	(3) operates from _____ to _____	_____
	(4) operates from _____ to _____	_____

Types of Service: check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Dine in | <input type="checkbox"/> Take-Out |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Drive-Through |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Mobile Food Service |
| <input type="checkbox"/> Single-use utensils (disposable) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi-use utensils (must be washed) | |
| <input type="checkbox"/> Commissary for mobile food units | <input type="checkbox"/> Non smoking |
| <input type="checkbox"/> Facility will serve alcohol | <input type="checkbox"/> Smoking will be allowed; additional requirements / conditions required |

2. OWNER INFORMATION

Name _____	Phone _____
Address _____	Alternate Phone _____
Fax _____	email _____

3. APPLICANT INFORMATION

Same as above

Name _____	Phone _____
Address _____	Alternate Phone _____
_____	Email _____

I have submitted plans/applications to the following (where applicable) on the dates listed:

Authority / Department	Contact	Date Submitted
<input type="checkbox"/> City Secretary	(806) 775-2028	_____
<input type="checkbox"/> Planning/Zoning	(806) 775-2109	_____
<input type="checkbox"/> Building Inspections	(806) 775-2087	_____
<input type="checkbox"/> Environmental Health	(806) 775-2928	_____
<input type="checkbox"/> Code Enforcement	(806) 775-2123	_____
<input type="checkbox"/> IWMP	(806) 775-3221	_____
<input type="checkbox"/> Solid Waste	(806) 775-2482	_____
<input type="checkbox"/> Fire Marshal	(806) 775-2646	_____
<input type="checkbox"/> Police Department	(806) 775-2809	_____
<input type="checkbox"/> TABC	(806) 793-3221	_____

The following information must be included in the plan review packet:

- 1. Plan of food establishment (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical and mechanical services; food establishment building site including alleys and streets; and any outside equipment including dumpster(s), well(s), grease interceptor, and septic system (if applicable). Plans must be stamped by a State of Texas licensed architect or engineer.
- 2. Menu or complete list of food and beverages to be offered. Include seasonal, off-site and banquet menus and projected daily meal volume for the food establishment.
- 3. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule/manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer’s cleaning and sanitation instructions for each piece of equipment.
- 4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF / TCS foods.
- 5. Show location, number, and size/capacity of hand-washing sinks, warewashing sinks, food preparation sinks, mop and utility sinks.

- 6. Locate auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
- 7. Show location of entrances, exits, loading/unloading areas and delivery docks.
- 8. Include complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.
- 9. Include plumbing schedule showing location of floor drains, floor sinks, water supply lines, and any overhead waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
- 10. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas. Must meet TFER lighting requirements.
- 11. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a private well.
- 12. Furnish color-coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, service)
 - Dishes / Wares (clean, soiled, cleaning, storage)
 - Trash and garbage (service area, holding, storage, disposal)
- 13. Provide ventilation schedule
- 14. Show service sink or curbed cleaning facility with provisions for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.
- 15. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.
- 16. Locate areas for storage of employee personal items.
- 17. Show location of refuse, recyclable, and or returnable containers.
- 18. Provide a HACCP plan for specialized processing methods of foods. Properly completed City of Lubbock Environmental Health Department variance request form required.

4. FOOD SUPPLY

All food must be from an approved source

How often will frozen foods be delivered? _____

How often will refrigerated foods be delivered? _____

How often will dry goods be delivered? _____

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage _____
Shelf area _____ Total _____

Refrigerated Storage _____
Shelf area _____ Total _____

Frozen Storage _____
Shelf area _____ Total _____

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade.

5. FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored.
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking temperatures will be verified.

Attach additional sheets if necessary.

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

6. THAWING FROZEN TCS FOOD'S

Thawing Method(s) (check all that apply and indicate where thawing will take place).

- Under Refrigeration: _____
- Running water less than 70°F (21°C): _____
- Microwave (as part of cooking process): _____
- Cooked from frozen state: _____
- Other, (describe): _____

List all foods that will be cooked and served: _____

List all foods that will be hot-held prior to service: _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

Provide a HACCP plan for specialized processing methods of foods such as ROP (Reduced Oxygen Packaging) including vacuum packaging, cook-chill, etc.; use of additives to render a food non TCS food (Sushi rice), curing and smoking for preservation, frizzing for parasite destruction, and molluscan shellfish tanks. These will require a completed and approved variance request form from City of Lubbock Environmental Health Department.

7. HOT/COLD HOLDING

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

8. COOLING

Indicate by checking the appropriate boxes how TCS food(s) will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in refrigerator	<input type="checkbox"/>					
Ice Baths	<input type="checkbox"/>					
Reduce Volume or Size and Place in Refrigerator	<input type="checkbox"/>					
Mechanical Rapid Chill Unit (Blast chiller)	<input type="checkbox"/>					
Stirring with Ice Paddle	<input type="checkbox"/>					
Other (describe) _____	<input type="checkbox"/>					
Other (describe) _____	<input type="checkbox"/>					

* Thick Meats = more than one inch; Thin Meats = one inch or less.

9. REHEATING

How and where will TCS foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

10. OPERATIONAL

The following items will be used for plan review of your facility and will be checked during the facility pre-inspection conducted by Environmental Health Department Sanitarians prior to opening. **All equipment shall be installed and operational for pre inspection. All documentation, variances, HACCP plans, operational SOP's shall be available on premises at time of pre-inspection**

	YES	NO	NA
1. Will all food service employees be Certified Food Safety Managers?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, how many employees will be certified? _____			
Attach copies of Certified Food Manager Certificates.			
2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact of ready-to-eat-foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will facility have a bare hand contact policy? If yes, attach copy of policy and outline of employee training.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Provide a copy of the facilities written policy to exclude or restrict food workers who are sick or have infected cuts and lesions. <i>Attach copy of employee health policy to plan review packet.</i>	<input type="checkbox"/>		
5. Is there a handwashing sink in each food preparation area and warewashing area?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are antibacterial soap and disposable paper towels properly dispensed, with signage and waste container available at each handwash sink?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is hot and cold water under pressure available at each handwashing sink? Water temperature must reach 100°f with-in 2 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are tip sensitive thermometers available for employees to check thin-mass food temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are thermometers present in all cold hold units?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are test kits available for all sanitizers used?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are restroom doors self closing?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are covered waste receptacles available in each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	

14. Are required handwashing signs posted in each employee restroom?
15. Are all restrooms equipped with adequate ventilation?
- YES NO NA**
16. Are dressing rooms provided?
17. Describe storage facilities for employees' personal items (i.e., purse, coats, boots, umbrellas, etc.)
-
-
18. Are all spray bottles and containers clearly labeled?
19. Are all toxics for use on-premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?
20. Will facility operate under a HACCP plan? If yes attach copy of HACCP plan.
21. Will facility conduct off-site catering? If yes, describe how hot/cold temperatures will be maintained during transport and service.
-
-
22. Will produce, and fruits and vegetables received whole (including lemons and limes used for drinks), If yes, how will they be washed before service? List procedures and locations where items will be washed. List procedures to prevent bare hand contact with RTE produce / lemons and limes.
-
-
23. *Will facility package food for retail sale? If yes provide copy of State Manufactured foods permit. Submit copies of labels that will be used for all foods packaged on premises for retail sale.
- *Will require Processing permit from City of Lubbock Environmental Health Department

11. FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas:

Kitchen	Floor	_____
	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Bar	Floor	_____
	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Food Storage	Floor	_____
	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Rest Rooms	Floor	_____
	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Dressing Rooms	Floor	_____
	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____

Garbage and	Floor	_____
Refuse Storage	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Mop / Service	Floor	_____
Sink	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Warewashing	Floor	_____
Area	Floor/Wall Juncture	_____
	Walls	_____
	Ceiling	_____
Walk-in and other	Floor	_____
Refrigerators	Floor/Wall Juncture	_____
Freezers	Walls	_____
	Ceiling	_____
Other	Floor	_____
_____	Floor/Wall Juncture	_____
_____	Walls	_____
	Ceiling	_____
Other	Floor	_____
_____	Floor/Wall Juncture	_____

_____ Walls _____
 _____ Ceiling _____

Identify the finishes of cabinets, countertops, and shelving:

12. PEST/RODENT CONTROL

- | | YES | NO | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent-proof? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will screens be provided on all entrances open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will all openable windows have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will electrical insect control devices be used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Will air curtains be used?
If yes, where? _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| _____ | | | |
| 6. Will a licensed pest control company be used? If yes, list: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| _____ | | | |
| 7. Identify how all pipes & electrical conduit will be sealed. _____ | | | |
| _____ | | | |
| _____ | | | |
| 8. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage? _____ | | | |
| _____ | | | |

13. REFUSE, RECYCLABLES, AND RETURNABLES

1. Will refuse/garbage be stored inside? If so, where? _____

2. Identify how and where garbage cans and floor mats will be cleaned. _____

3. Will a dumpster be used? Yes No Number _____ Size _____
Frequency of pickup _____

4. Will a compactor be used? Yes No Number _____ Size _____
Frequency of pickup _____

5. Will garbage cans be stored outside? Yes No If so, where? _____

6. Describe surface and location where dumpster(s), compactor, and/or garbage cans will be stored outside the establishment.

7. Identify location of grease storage containers. _____

8. Will there be an area to store recyclables? Yes No If yes, describe area and location:

9. Identify the area to store returnable damaged goods: _____

14. WATER SUPPLY / HEATER

1. Is the water supply public? Or non-public (private)?
2. If non-public (private), has the source been approved? Yes No Attach copy of approved water test and TCEQ public water supply number.
3. Will ice be made on premises? Yes No If yes where will ice scoop(s) be stored?

4. Will ice be purchased commercially from an approved source? Yes No
5. Will there be an ice bagging operation? Yes No If yes, a manufactured food license from the State of Texas will be required. Identify where ice bagging operation will occur in facility. Attach copy of State Manufactured Food License.

6. What is the type, capacity, recovery time, and location of the water heater? Please attach copy of water heater specifications:

Type _____

Capacity _____

Recovery time _____

Location _____

Facility shall comply with section 229.166 (c) (1) (2) (3) of the Texas Food Establishment

7. Rules. Attach verification from licensed plumber.

229.166 (c) Water Quantity and availability

(1) Capacity. The water source and system shall be of sufficient capacity to meet the peak water demands of the food establishment.

(2) Pressure. Water under pressure shall be provided to all fixtures, equipment, and non-food equipment that are required to use water.

(3) Hot Water. Hot water generation and distribution systems shall be sufficient to meet peak hot water demands throughout the food establishment.

15. SEWAGE DISPOSAL

1. Is the sewage system public? Non-public (private)?

2. If non-public (private), has sewage system been approved? Yes No If yes, attach copy of approved system.
3. Will grease traps/interceptors be provided? Yes No If yes, indicate location:
-

16. BACKFLOW PREVENTION

		Air Gap	Air Break	Vacuum Breaker	N/A	Other
1. Mechanical Dishwasher(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Garbage grinder, disposal(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Ice machine(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Ice storage bins	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. 3 compartment sink(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. 2 compartment sink(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. 1 compartment sink(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Mop sink(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Handwash sink(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Steam Table(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Dipper well(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Condensate line(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Hose bibb(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Beverage dispenser(s) with carbonator(s)	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Other _____	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Other _____	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Other _____	# ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Identify the locations of all floor drains, if applicable:

17. DISHWASHING FACILITIES

Manual Dishwashing

1. Identify the length, width, and depth of the compartments of the 3-compartment sink(s):

Sink _____ Length _____ Width _____ Depth _____

Sink _____ Length _____ Width _____ Depth _____

Sink _____ Length _____ Width _____ Depth _____

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?
 Yes No, If no, Describe the procedure for manual cleaning and sanitizing of items that will not fit into the compartments of the 3-compartment sink. ***This procedure will require approval from City of Lubbock Environmental Health Department.***

3. Describe size, location and type (drainboards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

4. Total square feet of air drying space available _____ ft²

5. What type of sanitizer will be used in 3-compartment sink?

Chemical, Indicate type: _____

Mechanical Dishwashing

1. Identify the make and model of the mechanical dishwasher:

2. What type of sanitizer will be used in mechanical dishwasher?

Chemical, Indicate type: _____

Hot water: What is manufacturer's temperature requirement for hot water sanitization?

_____°F Include a copy of operational instructions and maintain a copy on file at facility.

3. Will ventilation be provided? Yes No

18. HANDWASHING/TOILET FACILITIES

Identify the locations of the handwashing sinks and toilet facilities:

19. DRESSING ROOMS

1. Will dressing rooms be provided? Yes No
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

20. OTHER

1. Identify the location for the storage of poisonous or toxic materials:

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

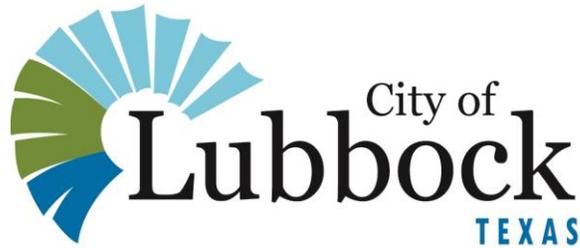
3. Will linens be laundered on-site? If yes, what will be laundered and where? If a dryer is used, indicate location of vent:

4. Identify location of clean and soiled linen storage:

5. How often will linens be delivered and picked up?

6. Identify location of facilities for cleaning mops and other equipment:

7. Indicate all areas where exhaust hoods will be installed:



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806 775 2928 Fax 806 775 3281**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the City of Lubbock Environmental Health Department may delay final approval.

Signature _____

Owner or Responsible Representative

Printed Name _____

Date _____

Approval of these plans and specifications by the City of Lubbock Environmental Health Department 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 preopening 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.