



Dedicated to protecting and improving the health and environment of the people of Colorado

**Application Date:** \_\_\_\_\_

<b>Plan Review Form</b>	
<b>Establishment Information</b>	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
<b>Business/Ownership Information</b>	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Contact Information</b>	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

**Date construction is to start:** \_\_\_\_\_ **Date of planned opening:** \_\_\_\_\_

**Below is a checklist of required information needed to complete the plan review.  
Please ensure all information is included.**

*\*\*Lack of complete information will delay review and plan approval.\*\**

Facility Floor Plan/Equipment Layout	Site Plan
Equipment Specifications	Chemical and Personal Storage
Plumbing Plans and Schedules	Fixtures Requiring Hot Water <i>(See Annex 1)</i>
Mechanical Plans and Schedules	Menu and Food Handling Procedures <i>(See Annex 2)</i>
Electrical Plans and Schedules	Employee Hygiene Guidance <i>(See Annex 3)</i>

Have plans for this establishment been submitted to the local building department?      **YES**      **NO**

If yes, name of local building department: \_\_\_\_\_

Have plans for this operation been previously submitted or do you intend to submit plans to other counties in the state of Colorado?      **YES**      **NO**

If yes, which counties: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Choose one or the other:      **Newly Constructed**      **Extensively Remodeled**

<b>Type of Retail Food Establishment (Check all that apply)</b>	
Full Service Restaurant	Bar
Fast Food	Coffee Shop
Market (Grocery)	School Food Program
Deli	Catering Operation
Fish Market	Concession
Meat Market	Manufacturer with Retail Sales
Convenience Store	Other:

**Indicate number of seats in each area:**

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

<b>Square Footage and Area Location</b>		
<i>*If the establishment is in a multi-story structure, indicate on which floor each area is located.</i>		
<b>Please indicate square footage in each area</b>	<b>Square Feet (ft<sup>2</sup>)</b>	<b>*Floor</b>
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

<b>Days and Hours of Operation</b>											
Insert hours below in the following format: 8am to 8pm											
If there is a break in the hours you are open, use the second line to insert additional hours.											
<b>Days</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
<b>Hours</b>	to	to	to	to	to	to	to				
<b>Hours</b>	to	to	to	to	to	to	to				
<b>For seasonal operations, check all that apply.</b>											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Add additional information (if necessary):											
<b>Projected daily maximum number of meals to be served per shift, where applicable.</b>											
<b>Breakfast</b>		<b>Lunch</b>		<b>Dinner</b>							
<b>Maximum number of kitchen staff per shift, where applicable.</b>											
<b>Breakfast</b>		<b>Lunch</b>		<b>Dinner</b>							

**I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:**

- A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the items listed in Table 1 below. Check all that apply to your facility.

**Table 1**

<b>Floor Plan/Equipment Layout</b>			
Handsinks		Dry Storage Areas	Ventilation Hoods
Food Preparation Sinks		Ice Bins/Ice Machines	Chemical Dispensing Units
Utility Mop sinks		Wait Stations	Chemical Storage Areas
Dump Sinks		Bar Service Areas	Personal Storage Areas
Warewashing Sinks		Water Heater Locations	Garbage/Recyclables Storage
Dishmachines		Indoor/Outdoor Seating	Dipper Wells
Toilet Facilities		Outdoor Cooking/Bar/Patio	Grease Interceptor/Grease Trap
Floor Sinks/Floor Drains		Buffet Lines	Laundry Facility Locations



**II. EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 3 and Table 4 below.

**Table 3**

Refrigeration Capacities		
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		

**Table 4**

Hot Holding Units	
TYPE OF UNIT	# OF UNITS
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

- C. Bulk and self service food:
  - 1. Will food items such as candy, trail mix, etc. be sold in bulk to the public?  
**YES      NO** If yes, please submit equipment specifications for bulk food bins.
  - 2. Will self service foods (i.e., buffets and salad bars) be provided?  
**YES      NO** If yes, please submit equipment specifications for food shields and/or sneeze guards.
- D. Complete Table 5 to indicate method of equipment installation or attach an equipment schedule, including display units.



**III. PLUMBING PLANS AND SCHEDULES:**

- A. Submit a plumbing plan that indicates location and specifications of the following:
  - 1. Floor sinks and floor drains
  - 2. Restrooms, toilets, urinals and hand washing sinks
  - 3. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
  - 4. Hose bibs and hose reels, if applicable
  - 5. Laundry facilities, if applicable
  - 6. Showers, if applicable
  
- B. Complete Table 6 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

**Table 6**

ID # on Plan	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities		
	Dish Machines		
	Garbage Disposals		
	Handsinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		

**Note:** Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels. Indirect drainage is required for warewashing, food preparation sinks, ice bins/machines and beverage machines.

- C. Is a dedicated food preparation sink provided?      **YES**      **NO**  
 Is more than one food preparation sink provided?      **YES**      **NO**

Attach a specification sheet for the food preparation sinks and complete Table 7.

**Table 7**

Food Preparation Sink Information			
ID # on Plans	Length (inches) of Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)	
		<b>x</b>	<b>x</b>
		<b>x</b>	<b>x</b>
		<b>x</b>	<b>x</b>

- D. Is a garbage disposal provided?      **YES**      **NO**  
 If yes, provide location: \_\_\_\_\_
- E. Food will be primarily served on:      Multi-use tableware      Single-Service Tableware      Both
- F. Provide the locations of drink dump sink installed in areas where soiled drinking glasses are emptied and staged for warewashing: \_\_\_\_\_
- G. Complete Table 8 and Table 9 for warewashing.  
 Will alternate equipment or methods be used in place of traditional drainboards?      **YES**      **NO**  
 If yes, indicate the methods that will be used and provide specification sheets:  
 \_\_\_\_\_

- Manual** - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drainboard lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

**Table 8**

Manual Warewashing Information					
ID # on Plans	Length (inches) of Soiled Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)		Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		<b>x</b>	<b>x</b>		
		<b>x</b>	<b>x</b>		
		<b>x</b>	<b>x</b>		

**Note:** Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

2. **Mechanical** - Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

**Table 9**

Mechanical Warewashing Information						
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)	Water Usage (GPH)
					X X	
					X X	

- a. Is a separate booster heater provided?      **YES**      **NO**      If yes, complete Table 10.

**Table 10**

Booster Heater Information			
Make	Model #	kW/BTU Rating	Distance from Machine (feet)

H. Provide the following water heater information in Table 11, Table 12 or Table 13, where applicable. Attach specification sheets.

1. If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

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**Table 11**

Standard Tank Type Heater		
Make	Model #	kW/BTU Rating

**Table 12**

Heat Reclaim System		
Make	Model #	kW/BTU Rating

**Table 13**

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model #	BTU Rating	Flow Rate (GPM) @ 80°F or 100°F rise	Storage Tank Capacity (Gallons), if applicable

**Note:** For instantaneous/tankless systems when a dishmachine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100°F rise. For all other facilities, use 80°F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.

**IV. MECHANICAL VENTILATION PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in Table 14. Provide the size (length x width) of each hood and include the manufacturer's recommended exhaust listings in CFMs.

**Table 14**

Ventilation Information					
ID # on Plans	Hood Type	Dimensions (inches) of hood (LxW)	Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFMs
		x			
		x			
		x			

**\*Note:** Volume of make-up air supplied into building must be greater than or equal to exhaust from building.

**V. ELECTRICAL PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the locations and specifications of all lights.
 

**Note:** All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.

**VI. SITE PLAN:**

- A. Submit a site plan which includes the following:
  - 1. Dumpster enclosures and trash compactors
  - 2. Outside walk-in coolers/freezers
  - 3. Outside food storage areas
  - 4. Location of well heads and well water supply lines servicing the building, if applicable
  - 5. On-site waste water treatment systems and associated lines servicing the building, if applicable
  - 6. Grease interceptors/grease traps, if applicable

- B. **Water Supply** - Select the type of water supply system that services the establishment.

Community/Public - Name of district: \_\_\_\_\_

Non-Community - Public Water System ID Number (PWSID): \_\_\_\_\_

Private - Provide the information requested in section "a" below and complete Table 15.

- a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

**Table 15**

Private Drinking Water Supply Information		
	Well	Spring
<b>Depth (feet)</b>		<b>N/A</b>
<b>Method of Disinfection</b>		
<b>Filtration (if applicable)</b>		

- C. **Sewage Disposal** - Select the type of sewage disposal system that services the establishment.

Municipal/Public - Name of district: \_\_\_\_\_

On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

**VII. CHEMICAL AND PERSONAL STORAGE:**

- A. Include the proposed locations of chemical and employee personal items storage areas on the floor plan.
  - 1. Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items.

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**Annex 1: Number of Plumbing Fixtures Requiring Hot Water**

Provide the number of plumbing fixtures requiring hot water in Table 16 below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

**Table 16**

<b>Plumbing Fixtures Requiring Hot Water</b>	<b>Number of Fixtures throughout facility</b>
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Handsinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	

**Annex 2: Menu and Food Handling Procedures**

- A. Submit menus, such as breakfast, lunch and dinner menus.
  
- B. If Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures are available, submit with plans and verify that questions C through H below are addressed. Or you may provide responses in the corresponding sections.
  
- C. Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in Section 3-606 and 3-607 of the *Colorado Retail Food Establishment Rules and Regulations* be conducted?     **YES**     **NO**  
 If yes, provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner. (Reference 3-606 and 3-607, *Specialized Processing Methods, Reduced Oxygen Packaging, Colorado Retail Food Establishment Rules and Regulations*)
  
- D. Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

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- E. Will cooked foods be cooled?      **YES**      **NO**  
 What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Check all that apply. (Reference 3-603 *Cooling* and 3-604 *Cooling Methods* in the *Colorado Retail Food Establishment Rules and Regulations*.)  
 Under refrigeration                      Ice water bath                      Adding ice as an ingredient  
 Rapid cooling equipment                      Shallow pans                      Separating food into smaller portions  
 Other: \_\_\_\_\_
1. List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.:  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. Will foods be reheated and then held hot before being served?      **YES**      **NO**  
 If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. (Reference 3-504 *Reheating*, in the *Colorado Retail Food Establishment Rules and Regulations*.)  
 \_\_\_\_\_  
 \_\_\_\_\_
1. List the equipment that will be used for reheating:  
 \_\_\_\_\_
- G. Describe how frozen foods will be thawed. (Reference 3-601 *Thawing*, in the *Colorado Retail Food Establishment Rules and Regulations*.)  
 Under refrigeration                      Under running water                      In a microwave  
 As part of the cooking process                      Other: \_\_\_\_\_
- H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat foods?      **YES**      **NO**
- I. Will catering be conducted?      **YES**      **NO**
- J. Will food be transported or delivered to another location?      **YES**      **NO**      If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.  
 \_\_\_\_\_
- K. Will foods be prepared tableside in dining areas?      **YES**      **NO**  
 If yes, please list the foods that are intended for tableside preparation.  
 \_\_\_\_\_
- L. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self service areas be operated?      **YES**      **NO**  
 If yes, describe: \_\_\_\_\_

M. Will produce be washed?      **YES**      **NO**      **N/A**  
If not, will produce be received pre-washed?      **YES**      **NO**  
If yes, provide additional documentation.

N. Will the establishment prepare foods that will be sold to other retail food establishments?  
**YES**      **NO**

If yes, please visit [www.colorado.gov/cdphe/dehs/](http://www.colorado.gov/cdphe/dehs/), then click "Food safety", then click "Wholesale food" to obtain information on registering as a wholesaler.

O. How will bare hand contact with ready-to-eat foods be minimized during preparation? (Reference 3-401 *Preventing Contamination from Hands*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

Utensils                      Gloves                      Deli Tissue

Other: \_\_\_\_\_

### **Annex 3: Employee Hygiene Guidance and Requirements**

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks. Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella spp.*
5. *Escherichia coli (E. coli) O157:H7* (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogen such as Salmonella or Campylobacter

**If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.**

Section 2-201 of the *Colorado Retail Food Establishment Rules and Regulations* states that management has the responsibility to inform and monitor conditional employees or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

Should employees exhibit the following symptoms, refer to section 2-202 of the *Colorado Retail Food Establishment Rules and Regulations* to determine when a food handler should be excluded or restricted from food handling duties:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

#### **Additional Resources**

##### **Employee Health and Personal Hygiene Handbook:**

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

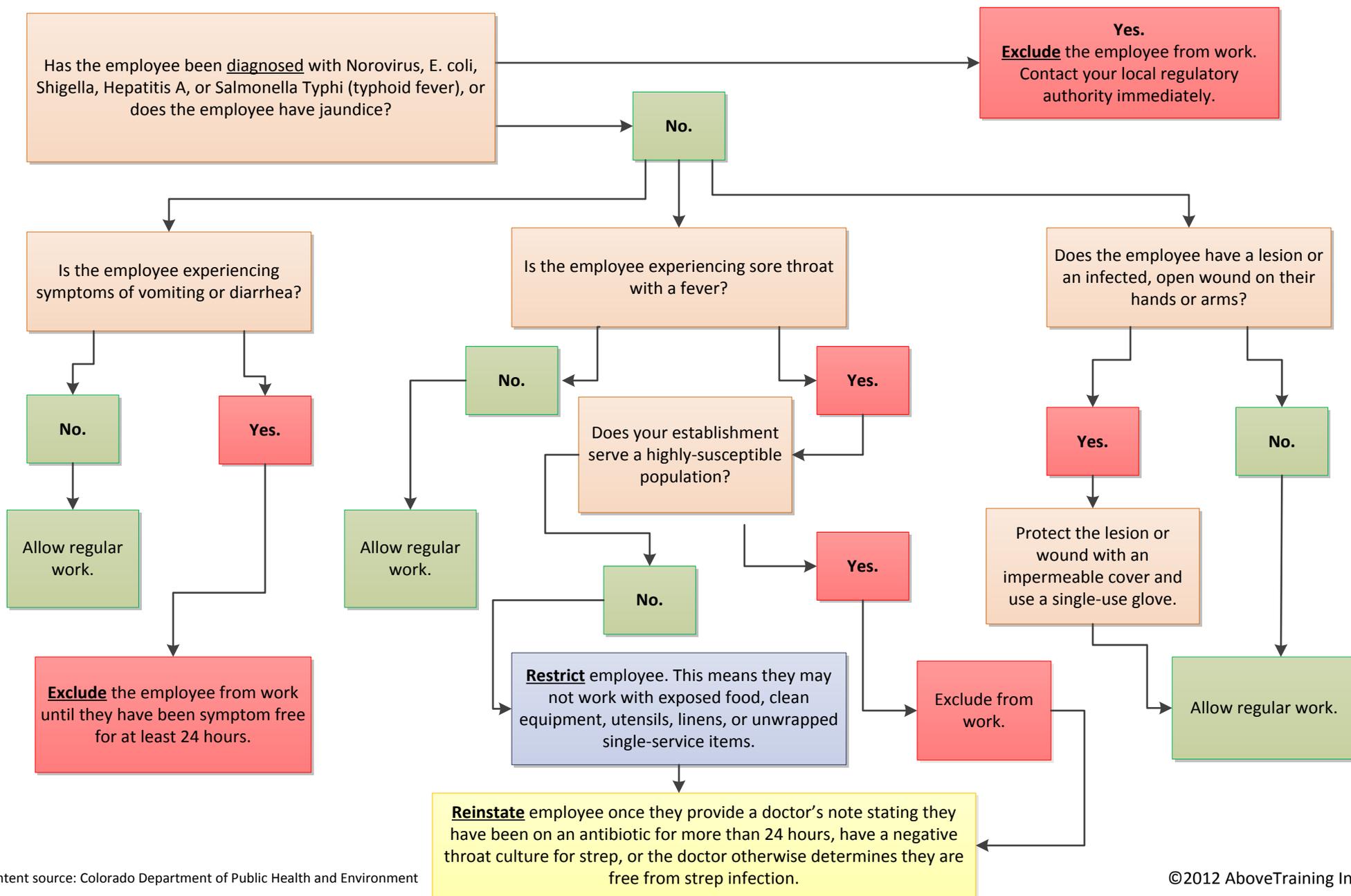
##### **Communicable Disease Manual:**

<https://www.colorado.gov/pacific/cdphe/communicable-disease-manual>

**Employee Illness Flow Chart:** When to exclude and restrict employees from working.

## Employee Illness: The Flowchart

Use this diagram to help you determine whether an employee should be restricted or excluded from food handling at your facility.





Dedicated to protecting and improving the health and environment of the people of Colorado

***Please review this document carefully. Failure to submit all completed documents as described below will delay the renewal of your license.***

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., "Restrictions on Public Benefits" (HB 1023)

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. All licenses, certifications, and registrations issued to individual owners or sole proprietors by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship. This requirement does not apply to you if you are not an individual owner or sole proprietor. Verification includes completing the enclosed affidavit and providing a notarized copy of an approved identification. Approved identification includes:

- A valid Colorado driver's license or a Colorado identification card;
- A United States military card or a military dependent's identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document

You may access a notary in your area by conducting a search through directory assistance for "public notaries." C.R.S., 24-76.5-101, "Restrictions on Public Benefits" became effective August 1, 2006, and requires "each agency or political subdivision of the state" to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department.

If the recipient of the benefit is under eighteen years of age, the law does not apply.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact us at 303-692-3645.

Sincerely,

Division of Environmental Health & Sustainability





**AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Unit City Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM WITH NOTARIZED COPY  
OF ID ATTACHED**

As a Notary Public in and for the state of \_\_\_\_\_, I do certify that I carefully compared with the original the attached and that it is a complete, full, true and exact copy of the document they have purported to reproduce.

\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(My commission expires)



**RETAIL FOOD ESTABLISHMENT REVIEW APPLICATION**

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

Colorado Department of Public Health and  
 Environment Division of Environmental Health &  
 Sustainability ATTN: Plan Review Section  
 4300 Cherry Creek Dr. South  
 Denver, CO 80246-1530  
 Ph: (303) 692-3645

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

**Record #** \_\_\_\_\_

**Firm ID #** \_\_\_\_\_

**Do Not Write in This Space  
 For Office Use Only**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Ownership (As indicated on your Colorado Business/State Sales Tax Registration)  
 Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification)  General Partnership  Limited Partnership  Limited Liability Company  Limited Liability Partnership  
 Limited Liability Limited Partnership  Corporation  "S" Corporation  Association  Estate  Government  
 Joint Venture  Trust  Non-profit 501(c)(3) (please enclose copy of IRS letter of exemption)  Other Non-profit

NOTICE TO APPLICANT: The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Colorado Department of Public Health & Environment and mail the completed application and check to the address above. Fees for the actual review are explained on the next page.

Name & Title of Applicant (Please Print): \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**SECTION A – THIS SECTION TO BE COMPLETED BY INSPECTOR**

REVIEW TYPE	APPLICATION FEE	REVIEW FEE (NOT TO EXCEED)
<input type="checkbox"/> Plan Review (PR)	\$100.00	\$580.00
<input type="checkbox"/> Equipment Product Review (ER)	\$100.00	\$500.00
<input type="checkbox"/> HACCP Plan Review/Written (HW)	Not Required	\$100.00
<input type="checkbox"/> HACCP Plan Review/Operational (HO)	Not required	\$400.00
<input type="checkbox"/> Services Requested – Real Estate Review (RE)	\$75.00	Cost of Actual Time Spent
<input type="checkbox"/> Special Event (SE)	Not Required	Not Required
<input type="checkbox"/> Special Service (SS) _____	Not Required	Not Required
<input type="checkbox"/> Fee Exempt (EX) _____	Not Required	Not Required

Comments: \_\_\_\_\_

\_\_\_\_\_

**Plan Review (PR):**

The fee for filing an application for a plan review is \$100.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed \$580.00.00 [(CRS 25-4-1607(2)]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

**Equipment Product Review (ER):**

The fee for filing an application for an equipment or product review is \$100.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed \$500.00 [(CRS 25-4-1607(3)].

**HACCP (Written) (HW):**

An application filing fee is not required for this review process. Upon completion of the written review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$100.00. [(CRS 25-4-1607(4)].

**HACCP (Operational) (HO):**

An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$400.00. [(CRS 25-4-1607(4)].

Note: If an HACCP plan undergoes significant changes from the original approved plan, the second review may be billed as a new plan. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation. An HACCP plan is not considered part of the plan review process. Separate charges can be applied to an HACCP plan that were included with a facility's plan submittal.

**Real Estate (RE):**

A \$75 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5)].

**Special Events (SE):**

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6)].

**Special Services (SS):**

The fee for any other requested service that involves review activities and that are not specifically listed above are chargeable based on the actual cost of such service [(CRS 25-4-1607(7))].

**Fee Exempt (EX):**

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.