



Columbiana County Health District

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Application for Plan Review

Food Facility Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Name of Operator (Owner) _____ Phone _____

Contact for Plans: _____ Phone: _____
Business Name: _____
Address for Approval Letter: _____
City: _____ State: _____ Zip _____

Plan Review Type

- New Food Establishment
- Remodel or Extensive Alteration of Existing Facility

Estimated Date Construction Will Begin _____
Estimated Opening Date _____

Type of Facility

- Restaurant
- Establishment
- Bakery
- School
- Child Care Facility
- Pizza Shop

Total Square Feet in Facility: _____

If seasonal, list months of operation: _____

Water supply

- City
- Private

Sewage Disposal

- City
- Private

Internal Use Only:

Date Received: _____

Received by: _____

Amount Paid: _____

1/2018