



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
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## Application for Plan Review

Food Facility Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Name of Operator (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name for Plans: \_\_\_\_\_ Phone: \_\_\_\_\_

Business or Name to Mail Approval Letter: \_\_\_\_\_

Address/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
- Retail Food Establishment
- Bakery
- School
- Child Care Facility
- Pizza Shop

Total Square Feet in Facility: \_\_\_\_\_

If seasonal, list months of operation: \_\_\_\_\_

### Water supply

- Public
- Private

### Sewage Disposal

- \_\_\_ Public
- \_\_\_ Private

### Internal Use Only:

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

Received by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

1/2026

Our Vision: "A safe community of healthy people"