



STATE OF FLORIDA
FLORIDA DEPARTMENT OF HEALTH-BROWARD COUNTY
 Environmental Health-2421 S.W 6 Ave 2nd Floor
 Fort Lauderdale, FL 33315
 954-412-7335

For Office Use Only
Certificate Number
Zone Assignment:
Inspector Assigned/Date:

Plan Review Fee \$100
No Plan Review Fee Required for Tier I Facilities

PLAN REVIEW GUIDE FOR GROUP CARE FACILITIES

NOTE – Please submit completed plan review guide with plan review fee(s) and supporting documents.

SECTION 1 – SUPPORTING DOCUMENTS

Please attach the following documents:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1 set of floor plans DRAWN TO SCALE showing the location of kitchen equipment, plumbing fixtures, rooms, and common areas.
**Not required for Tier I (Must draw diagram in section 8) <input type="checkbox"/> Copy of intended Menu (not required for Tier I) <input type="checkbox"/> Copy of the Division of Corporation <input type="checkbox"/> Certificate of Occupancy from local building authority | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of water utility bill showing sewer charges or if facility is on septic, must complete Section 12 on application. <input type="checkbox"/> Water Safety Course (Required for swimming pools, spas, or open water hazards) <input type="checkbox"/> Fire Inspection <input type="checkbox"/> Copy of License issued by Licensing Agency (ACHA or DCF)- **if issued |
|--|---|

SECTION 2 – PLAN REVIEW TYPE

Please check the box that best describes your establishment. Check only one box.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Newly built Establishment <input type="checkbox"/> New Food Establishment in Existing Structure <input type="checkbox"/> Reopen a Closed Food Establishment | <ul style="list-style-type: none"> <input type="checkbox"/> Remodeling of Existing Food Establishment <input type="checkbox"/> Ownership Change <input type="checkbox"/> Change in Level of Food Service |
|--|---|

SECTION 3-TYPE OF ESTABLISHMENT

Please check the box that best describes your establishment. Check all that apply.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adult Family Care Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Homes for Special Services <input type="checkbox"/> Hospice | <ul style="list-style-type: none"> <input type="checkbox"/> Intermediate Care Facility <input type="checkbox"/> Residential Treatment Facility (ACHA) <input type="checkbox"/> Transitional Living Facility <input type="checkbox"/> Short-Term Residential Treatment Center (DCF) |
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SECTION 4 – ESTABLISHMENT INFORMATION

Establishment Name (DBA)	
Location Address	
City	Zip Code (+4 optional)
Mailing Address	
City	Zip Code (+4 optional)
Establishment Phone Number	E-mail Address

SECTION 5 –OWNER INFORMATION

Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)			
First Name		Last Name	
Street Address or Post Office Box			
City		State	Zip Code
Phone Number	Extension	E-mail Address	Fax Number
Contact Name			Title (Agent, Architect, etc.)
Phone Number	Extension	E-mail Address	Fax Number

SECTION 6-TYPE OF FOOD SERVICE

Please check the box that best describes your facility. Check all that apply.

- Group Care Tier I (1-5 Residents)
 - Group Care Tier II (6-10 Residents)
 - Group Care Tier III (11 Residents or more)
- **Must apply for a separate food permit.*

- Catering Food from outside
Vendor's Catering License _____
Agency _____
- Full Service
- Hospice ***Must apply for a separate food permit.*

Maximum Residents Capacity

Licensing Agency for Facility

Does the facility have a swimming pool, spa, or open water hazard?
(Pool license with DOH is required for facilities with 8 or more residents)

- Yes
- No

Type _____

SECTION 7-FINISH MATERIAL

Please indicate the type of material used in the following areas (e.g., tile, stainless steel, etc.)

Construction finishes must be smooth, easily cleanable, and nonabsorbent

	Floors	Walls	Shelving
Food Preparation			
Food Storage			
Dishwashing Area			

SECTION 8-KITCHEN FACILITY DETAILS

- | | | |
|---|---|--|
| <input type="checkbox"/> 1-compartment sink/Hand Sink | <input type="checkbox"/> 2-compartment sink | <input type="checkbox"/> 3-compartment sink with drainboards |
| <input type="checkbox"/> Residential Dishwasher | | <input type="checkbox"/> Commercial grade Dishwasher |

SECTION 9-DRAWING FOR TIER I ONLY:

Draw diagram of facility showing location of kitchen equipment, plumbing fixtures, rooms, and common areas

SECTION 10-SOLID WASTE DISPOSAL

<input type="checkbox"/> Dumpster	<input type="checkbox"/> Garbage Cans
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Operating Times/Meal Service Times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meal Service Times	Snack	Breakfast	Lunch	Dinner			

SECTION 11 – POTABLE WATER

The above name facility/business uses the following water supply (choose one type):

<input type="checkbox"/> Municipal/Public Water System	Name of Supplier:
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Onsite Well System (Requires approval from the Department of Health)

**** Contact the Department of Health-Environmental Engineering Section at 954-412-7334**

****Onsite Well System or Limited Use System Approval: (This section is to be completed by the Florida Department of Health)**

<input type="checkbox"/> Establishment served by a 64E-8, F.A.C., Limited Use Public Water System, DOH Regulated	<input type="checkbox"/> Establishment served by a Florida Safe Water Drinking Act (DEP or DOH) regulated public water system
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<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Permit Number:
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DOH Employee Name	Signature	Date
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SECTION 12 – WASTEWATER

The above name facility/business uses the following water supply (choose one type):

<input type="checkbox"/> Municipal/Public Sewer	Name of Supplier:
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Septic System (Requires Approval from the Department of Health)

***Contact the Department of Health-Environmental Engineering Section at 954-412-7534**

****Septic System Approval (This section is to be completed by the Florida Department of Health for Septic Systems only)**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Permit Number:
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DOH Employee Name	Signature	Date
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SECTION 13 – OWNER/OPERATOR/AGENT SIGNATURE

I hereby certify that all the information I have provided is correct. I understand that if I failed to complete the plan review guide or submit the required supporting documents, my plan review will be delayed.

Printed Name	Signature	Title	Date
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*****FOR OFFICE USE ONLY*****

Plan Review Guide approved by:

Plan Review approved by:	Date
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This facility has received a satisfactory inspection

Environmental Specialist (Print)	Signature	Date
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****All construction is subject to the provisions of the South Florida Building Code, all local building codes, and any other jurisdictional authorities.*