

Signature of Applicant

Department of Food and Consumer Safety

Date

4701 N. Keystone Ave. Suite 500 Indianapolis, IN 46205

Phone: 317-221-2222 | Fax: 317-221-3070 Foodsafe@marionhealth.org

www.marionhealth.org

Remodel Plan Review Application

Plan review is required for any major renovation work or changes to the type of food establishment.

Remodels limited to cosmetic changes to the dining room and restrooms that do not affect capacity or food service areas do not require plan review.

Submit the Following Documents for Review: ☐ Remodel Application ☐ Updated floor plan showing proposed remodel changes ☐ Updated copy of menu or list of food and beverage items
☐ Standard operating procedures (such as thawing, cooking, cooling, reheating, sanitizing, catering, etc.)
Business Information
1. Establishment Name
2. Establishment Address
3. License Number
4. Contact Person for Remodel:
Contact Phone: Email:
Remodel Information
5. Engineer or Architect (if applicable)
6. Construction Start Date: Probable Re-Opening Date:
7. Scope of Remodel Work:
MARK IF APPLICABLE TO PROJECT
New vent hood/ANSUL system installed □ Yes □ No
Updated existing vent hood/ANSUL system □ Yes □ No
If you marked "yes" to updating or installing a new vent hood, have you already submitted plans to the fire marshal and/or city inspectors? \Box Yes \Box No
If you need assistance or have questions about this application, please contact Katie Davis at kdavis@marionhealth.org
Printed Name of Applicant