

**Office Use Only**

Permit # \_\_\_\_\_ Date Received \_\_\_\_\_ Amt \$ \_\_\_\_\_ Check# \_\_\_\_\_  
Reviewed By \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Received By \_\_\_\_\_ Receipt # \_\_\_\_\_

**City of Lago Vista/Development Services**

P.O. Box 4727, Lago Vista, TX 78645  
Phone (512) 267-5259 Fax (512) 267-5265

**Request for Food Establishment Plan Review**

NEW \_\_\_\_\_ REMODEL(**Permitted Establishment ONLY**) \_\_\_\_\_ RE-SUBMITTAL \_\_\_\_\_

(NOTE: Remodel of existing buildings without a current food permit or undergoing ownership change will be classified as "NEW")

Date Plans Submitted: \_\_\_\_\_ Projected Starting Date: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

( ) Plan Designer Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

( ) General Contractor: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

( ) Local Contact Person \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Title (Owner, Manager, Applicant, etc.) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Place "X" in parenthesis next to the desired person/point-of-contact**

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_ Zip \_\_\_\_\_

Street

City

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

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

Street

City

Zip Code

Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Food Establishment Info:**

1. \_\_\_ Food Service \_\_\_ Retail Food Store \_\_\_ Food Product Manufacturer \_\_\_ Food Warehouse  
\_\_\_ Institution \_\_\_ Day Care \_\_\_ Other \_\_\_\_\_

2. Will this facility be used for Catering? \_\_\_\_\_ Name of Lessee \_\_\_\_\_

3. Total Sq. Footage of Facility: \_\_\_\_\_ Remodel Sq. Footage: \_\_\_\_\_ Number of Seats \_\_\_\_\_

4. Type of Service: Check all that apply \_\_\_ Seated \_\_\_ Carry Out \_\_\_ Caterer \_\_\_ Other

5. Total Number of Staff \_\_\_\_\_ Maximum Working per Shift \_\_\_\_\_

6. Number of Floors on which operations are conducted \_\_\_\_\_

7. Type of Food \_\_\_\_\_

8. Meals to be Served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

9. Water Supply \_\_\_\_\_

10. What is the capacity of the hot water generator? \_\_\_\_\_ gallons

11. Waste Water: Municipal sewer? \_\_\_\_\_ If NO, Private septic system approved? \_\_\_\_\_ (attach approval)

12. Is a grease trap provided, if so where? \_\_\_\_\_ Number of gallons \_\_\_\_\_

## **SUBMIT THE FOLLOWING DOCUMENTS:**

- \_\_\_\_\_ 1) **Plans** (3 sets) drawn to scale of food establishment showing location of ALL food equipment, plumbing fixtures, toilet facilities, electrical services and mechanical ventilation. Plans must be a minimum of 11 x 14 inches in size and accurately drawn to a minimum scale of **1/4" = 1 foot.**
- \_\_\_\_\_ 2) **Site Plan Location of Building** including location of any outside equipment including dumpsters, well, septic system, etc
- \_\_\_\_\_ 3) **Manufacturer Specification Sheets** for each piece of equipment (refrigeration, water heaters, warmers, etc.)
- \_\_\_\_\_ 4) **Proposed menu** (including seasonal, off site and banquet menus)
- \_\_\_\_\_ 5) **Equipment List**
- \_\_\_\_\_ 6) **Finish Schedule** (PLEASE COMPLETE ATTACHED SCHEDULE OF FINISH MATERIALS)

## **Contents and Format of Plans and Specifications**

- 1) Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to a minimum scale of **1/4" = 1 foot.**
- 2) Show the location of all food equipment, fixtures, sinks, toilet facilities, etc. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- 3) Provide room size, aisle space, space between and behind equipment and the placement of equipment on the floor plan.
- 4) Designate clearly on the plan all refrigeration equipment and hot hold equipment.
- 5) Designate auxiliary areas such as storage rooms, garbage rooms, toilets, cellars used for food storage or preparation and employee break rooms (if provided). An area for storage of employee personal items is required.
- 6) Designate materials used in each room including floors, walls and ceilings.
- 7) Plumbing: specify location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with **capacity and recovery rate**, backflow prevention, and wastewater line connections.
- 8) Lighting: (1) At least 10 foot candles required in walk-in refrigeration units and dry storage areas (2) At least 20 foot candles where food is provided for customer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold, inside equipment such as reach-in and under-counter refrigerators, areas used for hand washing, ware washing, equipment and utensil storage and toilet rooms (3) At least 50 foot candles at surfaces where employees are working with food using utensils or equipment such as knives, slicers, grinders, or saws and where employee safety is a factor.
- 9) Ventilation of each room
- 10) Location of mop sink or curbed cleaning facility with facilities for hanging wet mops
- 11) Cabinets or area for storing toxic chemicals

# SCHEDULE OF FINISH MATERIALS

	<b>FLOORS</b>	<b>WALLS</b>	<b>CEILINGS</b>
<b>Kitchen</b>			
<b>Bar</b>			
<b>Food Storage</b>			
<b>Other Storage</b>			
<b>Toilet Rooms</b>			
<b>Dressing Rooms</b>			
<b>Garbage/Refuse Area</b>			
<b>Mop Service Basin Area</b>			
<b>Ware washing Area</b>			
<b>Walk-ins (Refrigerator/Freezer)</b>			

Fees:

Plan Review

New Establishment or Change of Owner ----- \$100.00  
Remodel of Permitted Food Establishment ----- \$75.00  
Re-Submittal ----- \$30.00

**Plans left over 60 days will be discarded and a new review will be required.**

Make Checks out to City of Lago Vista and remit to:

**City of Lago Vista/Development Services**  
P.O. Box 4727  
Lago Vista, TX 78645

**(Walk-Ins)**  
5803 Thunderbird, Suite 103  
Lago Vista, TX 78645

Operational Permit approval is based upon the plan review and a final certificate of occupancy from the City of Lago Vista building officials as well as a signed application and payment.

**Any changes** to the plan specifications, equipment or operation must receive approval from the city designated plan reviewer.

(ATCHSD) SAMPLE KITCHEN

- |                                  |   |
|----------------------------------|---|
| 1. Pizza Oven                    | 17. Stainless steel table with four bins below        |
| 2. Pizza Prep table              | 18. Mixer 80 quart                                    |
| 3. 3-Comp. sink                  | 19. Point of Sale (POS)                               |
| 4. Dishwasher                    | 20. Ice Machine                                       |
| 5. Stainless steel table for DW  | 21. Printer   |
| 6. Stainless steel table         | 22. Soda Fountain or Gun                              |
| 7. Keg cooler                    | 23. Slicer  |
| 8. Under-counter cooler          | 24. Mop Sink  |
| 9. Sandwich Prep Table           | 25. Freezer   |
| 10. Juke Box                     | 26. Walk-In Frig sized accordingly (NSF/FDA calcs)    |
| 11. Ice Bin                      | 27. Handsinks   |
| 12. Soda Cooler                  | 28. Water Heater                                      |
| 13. Pizza Display                | 29. Exhaust fan in each restroom                      |
| 14. Trash Can                    | 30. Vent hood above pizza oven                        |
| 15. Bun Rack above sandwich prep | 31. Dishwasher w/ vent hood                           |
| 16. Espresso Machine             | ***Dumpster*** (outside/confined/leak & rodent proof) |
|                                  | ***Grease Trap*** (indicate location)                 |

Needed Scale: 1/4" = 1'

