



Nationally Accredited
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FOOD FACILITY PLAN REVIEW APPLICATION

FACILITY NAME: _____ PHONE: _____

FACILITY ADDRESS: _____

OWNER: _____ PHONE: _____

OWNER ADDRESS: _____ EMAIL: _____

AUTHORIZED REPRESENTATIVE: _____ PHONE: _____

(if other than the owner)

ADDRESS: _____ EMAIL: _____

OPERATION TYPE: FSO RFE **RISK LEVEL** (from Risk Classification Sheet): 1 2 3 4

REASON FOR REVIEW: NEW CONSTRUCTION TEAR DOWN AND REBUILD ADDITION OR EXPANSION

MAJOR INTERIOR REMODEL/ALTERATION REQUIRING PLUMBING AND/OR BUILDING PERMITS

MINOR INTERIOR REMODEL/ALTERATION NOT REQUIRING PLUMBING AND/OR BUILDING PERMITS*

NEW EQUIPMENT ONLY* CHANGE IN MENU OR COOKING PROCESS ONLY* (* LCHD MAY WAIVE FEE)

FOR CONSTRUCTION: STARTING DATE _____ COMPLETION DATE _____

APPLICANT SIGNATURE _____ **DATE** _____

	Plan Review Fees	(50% of Local License Fee)
	For Both Commercial and Non-commercial Facilities	
Level	< 25,000 sq ft	≥ 25,000 sq ft
1	\$79.50	\$115.00
2	\$90.00	\$122.00
3	\$175.00	\$425.00
4	\$220.00	\$450.00
	<i>Revised 1/30/2024</i>	

OFFICE USE ONLY

Plan Fee _____

Date Paid _____

Receipt _____

Plan No. _____