



Gwinnett Environmental Health
 455 Grayson Highway, Suite 600
 Lawrenceville, GA 30046
 Phone: 770.963.5132
 Fax: 770.339.4282

Newton Environmental Health
 1113 Usher Street, Suite 303
 Covington, GA 30014
 Phone: 770.784.2121
 Fax: 770.784.2129

Rockdale Environmental Health
 1329 Portman Drive, Suite F
 Conyers, GA 30094
 Phone: 770.278.7340
 Fax: 770.278.8919

www.gnrhealth.com

FOOD SERVICE PLAN REVIEW REQUIREMENTS

- Public Benefits Affidavit 9-10-14** Please ask front office staff for form. Form must be notarized. YES or NO
 Notary service may be available at Gwinnett Environmental Health office.
- Sewage Disposal** Sanitary Sewer or Septic System (If septic system, please be advised that a septic system review will be required before the food service permit can be accepted)
- Facility on Well?** YES or NO If YES, need EPD Letter
- Food Service Permit Application Front Page** (page 1)
- Owner Information** Personal Name or Corporation/LLC (go to www.sos.georgia.gov to verify status and PRINT out)
- Plan Review Packet**
- Floor Plan*** ALL sinks & equipment properly labeled Provide finish schedule for ALL floors, walls & ceilings
**Scaled drawings are REQUIRED for new construction AND remodels; hand drawn floor plans are requested for change of ownerships AND previously permitted facilities, to ensure a smooth and expedient plan review process.*
- Grease Trap** **Gwinnett County**
 Green Sheet Variance City Letter P&D Red Stamp Grease Trap drawn on plumbing page of scaled drawings, pending P & D red stamp approval
- Newton County** Approved Not approved
- Rockdale County** Approved Not approved
- Menu** Consumer Advisory Required YES or NO
 Parasite Destruction Letter(s) Required YES or NO
- Hot Water Heater Spec. Sheet** Tank OR Tankless Commercial OR Residential
 (Please check ALL that apply) Gas OR Electric
- Documentation Provided for Tankless Hot Water Heater**
 N/A OR APPLICABLE (Please check one below)
 Spec Sheets for ALL Faucets (listed in GPM) Manufacturer's Sizing Calculator Form
 Letter from Licensed Plumber, Engineer or Architect listing GPM for ALL Faucets Field Test (when no other option is available)
- Commercial Dishwasher and/or Glass Washer Specification Sheets** N/A OR APPLICABLE
- New Equipment Specification Sheets** N/A OR APPLICABLE
- Designated Smoking Facility Memo** N/A OR APPLICABLE
- Vomiting/Diarrheal Clean Up Plan**
- Applicable Fees Paid** PLAN REVIEW (MUST be paid at time of application) ANNUAL (May be paid prior to opening inspection, for NEW construction only)

Reviewer Comments: _____

Facility Name: _____

Facility Address: _____

Applicant Name: _____ **Contact Phone #:** _____

Date: _____ **Initials of Front Desk EHS:** _____