



Food Facility Layout & Equipment Review Application

Complete and return with fee to:
Defiance County Health Dept.
1300 East Second Street, Suite 100
Defiance, OH 43512

Phone: (419) 784-3818
 Fax: (419) 782-4979
 e-mail: rclinger@defiance-county.com
 Office Hours: Mon-Fri 8:30am-4:30pm

Risk Category & Size	New Facility Fee	Remodel Facility	Enclosures
Risk III & IV > 25,000 square feet	\$500.00	\$250.00	<input type="checkbox"/> Menu <input type="checkbox"/> Equipment Schedule <input type="checkbox"/> Lighting Schedule <input type="checkbox"/> Plumbing Schedule <input type="checkbox"/> Surface Finish Schedule <input type="checkbox"/> Scale Floor Plan
Risk III & IV < 25,000 square feet	\$237.00	\$118.00	
Risk I & II > 25,000 square feet	\$140.00	\$70.00	
Risk I & II < 25,000 square feet	\$97.00	\$48.00	
Construction Start Date	Planned completion date	Total square footage	

Food Facility Information

Name of Operation or Establishment	Phone
Address or Location	

Operator / Licensee Information

Operator Name	Company Name	
Operator Address		
e-mail	Phone #	Cell Phone #

Person to Contact regarding plans, if different from Operator / Licensee

Contact Person if different from operator	Company Name	
Contact Address		
e-mail	Phone #	Cell Phone #

Signature	Date