

**FOOD SERVICE/FOOD ESTABLISHMENT PLAN REVIEW SUBMITTAL FORM  
FRANKLIN COUNTY BOARD OF HEALTH  
280 EAST BROAD STREET  
COLUMBUS OHIO 43215  
(614) 462-3160**

PLAN REVIEW FEE SCHEDULE

AMOUNT DUE: \_\_\_\_\_

FOOD SERVICE:

AMOUNT PAID: \_\_\_\_\_

\*NO FEE FOR REMODEL

SEATING  
0 - 24.....\$75.00  
25 - 99.....100.00  
100 - 199.....125.00  
200 +.....150.00  
NON-COMMERCIAL.....25.00

RETAIL FOOD ESTABLISHMENT.....\$100.00

DATE \_\_\_\_\_

FOOD SERVICE/ESTABLISHMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLANS SUBMITTED BY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

For Office Use Only

PAID BY: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_

FSO LETTER       RFE LETTER       REMODEL LETTER

COMMENTS: \_\_\_\_\_

See other side for additional comments