Garfield County Public Health 195 W 14th St. Rifle, CO 81650 970-625-5200 ext. 8130
consumerprotection@garfieldcountyco.gov

RETAIL FOOD ESTABLISHMENT PLAN REVIEW

CHECKLIST

The following are REQUIRED to complete your Plan Review:

- ☐ A. A brief written description of the scope of work and what changes/construction will occur.
- ☐ B. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off- site catering, and banquet menus).
- ☐ C. Drawings/schedules (please note that not all may be required based on scope of work):
  1. Site plan: showing location of business in building, location of building on site, and location of any outside equipment.
  2. Floor plan: show location of equipment, plumbing, and location of ventilation hood. Please identify any garage doors and outer openings.
  3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, hose bibs and hose reels, laundry facilities etc.
  4. Electrical Plan: show locations and specifications of lights.
- ☐ D. Equipment Specifications: Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions.
- ☐ E. Food Protection Manager Certification: Provide manager certification documentation.
- ☐ F. Completed plan review packet (this document).
- ☐ G. **$155 application fee.** Once your application is screened and deemed complete, you will be contacted with instructions to submit the application fee. Do NOT submit payment with the plan review application. Once contacted, you can pay your application fee.

IMPORTANT:
Please note that your plan review will not be complete until both the application fee and a fully completed application have been submitted.

The inter-agency sign off form (page 13) is a coordination tool to help applicants identify inspections or approvals that may be required from other departments. This form is for you to keep and use.

Explanation of fees (page 14) is for informational purposes only.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW

This form is used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

ESTABLISHMENT PHYSICAL LOCATION DETAILS		
Name of Establishment (DBA):		
Location Street Address:		
City:	State:	Zip:
County:		
Facility Phone:	Facility Email:	
Facility Website:		
LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: ☐ Corporation/LLC ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Non-Profit ☐ Government		
Legal Owner Name (either Legal Organization Name **or** Individual (Sole Proprietor) First and Last Name) :		
Owner Mailing Address:		
Owner Mailing Attention Line:		
City:	State:	Zip:
Owner Primary Phone:	Owner Primary Email:	
Owner Secondary Phone:	Owner Secondary Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
CONTACT DETAILS DURING PLAN REVIEW PROCESS		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Architect Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Contractor Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

PLAN REVIEW DETAILS	
Application Date:	Expected Construction Start Date:
Expected Opening Date:	
Number of Seats Indoors:	Number of Seats Outdoors:
Days of Operation:	
Hours of Operation:	
Seasonal: YES ☐ NO ☐	Months of Operation:
CHOOSE ONE: ☐ Newly Constructed ☐ Extensively Remodeled (currently licensed) ☐ Conversion of an existing structure	

Updated license fees go into effect September 1, 2025. You will be invoiced for your license fee at a later date upon completion of your plan review.

For the purposes of this form, Garfield County Public Health accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per Section 18-8-306, C.R.S., it is a felony to submit false information to a state official.

Name & Title of Applicant (Please Print)

Signature of Applicant

*To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

Type of Retail Food Establishment (check all that apply)

☐	Full Service Restaurant	☐	Bar
☐	Fast Food	☐	Coffee Shop
☐	Market (Grocery)	☐	School Food Program
☐	Deli	☐	Catering Operation
☐	Fish Market	☐	Concession
☐	Meat Market	☐	Manufacturer with Retail Sales
☐	Convenience Store	☐	Other:
Projected maximum number of meals to be served.			
Number of meals per week:			

Have plans for this establishment been submitted to the local building department? ☐ Yes ☐ No

If yes, name of local building department:

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.).

If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found.

Equipment Installation Table **Used Equipment may require visual inspection for pre-approval**			
ID# on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

Note:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100-mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

Plumbing - Sink Sizes

Manual Warewashing Information: All food establishments that prepare or package food must have facilities for cleaning and sanitizing food contact surfaces. Cleaning facilities can be either three-compartment sinks or mechanical dish machines.
Please note: You must have an alternative wash/rinse/sanitize procedure should your mechanical system fail.

Include the size of each compartment *(length x width x depth)* of the warewashing sinks, soiled and clean drainboard lengths, and if a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (inches) of Sink Compartments **(LxWxD)**	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		x x		
		x x		
		x x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical Warewashing Information, if a machine is provided:
Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

If heat sanitizing on a dish machine, is a separate booster heater provided? ☐ **YES** ☐ **NO**
If yes, complete Table 3 on next page.

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-rinse Yes/No	**Utensil Soak Sink Dimensions (inches) (LxWxD)**	Water Usage (GPH)
					x x	
					x x	

Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

Note: If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 1

Standard Tank Type Heater		
Make	**Model#**	**kW/BTU Rating**

Table 2

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	**Model#**	**BTU Rating**	**Flow Rate (GPM) at 80˚F or 100˚F rise**	**Storage Tank Capacity (Gallons), if applicable**

NOTE: Alternative information may be needed. For instantaneous/tankless systems, approval of system may require further review.

Table 3 (if applicable)

Booster Heater Information Dish Machines			
Make	**Model#**	**kW/BTU Rating**	**Distance from machine (feet)**

Water Supply and Sewage

Water Supply

Select the type of water supply system that services the establishment

☐ Community/Public- Name of district:

☐ Non-Community- Public Water System ID Number (PWSID):

☐ Private - ** If the retail food establishment does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations* additional monitoring and sampling is required. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

cdphe.colorado.gov/water-quality-control-commission-regulations

a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Private Drinking Water Supply Information

Private System Type: ☐ Well ☐ Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

Sewage Disposal

Select the type of sewage disposal system that services the establishment.

☐ Municipal/Public - Name of district:

☐ On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available, please submit with plans.

Procedures	Yes	No
Will foods be held cold?	☐	☐
Will foods be held hot?	☐	☐
Will produce be washed?	☐	☐
Will foods be cooled after cooking?	☐	☐
Will foods be reheated after cooling?	☐	☐
Will frozen foods be thawed?	☐	☐
Will foods (raw meats, for example) be cooked?	☐	☐
Will raw or undercooked animal foods be served? (Sushi, breakfast eggs, or cooked-to-order meat, etc.)	☐	☐
Will foods be sold to other retail food establishments?	☐	☐
Will catering be conducted?	☐	☐
Will you have a salad bar or buffet?	☐	☐
Will bulk food items (candy, trail mix, etc.) be sold to the public?	☐	☐

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food check only those that apply in your establishment.

- ☐ Under refrigeration
- ☐ Ice water bath
- ☐ Adding ice as an ingredient
- ☐ Rapid cooling equipment
- ☐ Shallow pans
- ☐ Separating food into smaller portions
- ☐ Other

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

List the equipment that will be used for reheating

- ☐ Stove
- ☐ Microwave
- ☐ Other:

C. Describe how frozen foods will be thawed.

- ☐ Under refrigeration
- ☐ Under running water
- ☐ In a microwave
- ☐ As part of a cooking process
- ☐ Other

D. Describe where personal items will be stored.

E. Describe where chemicals used for operation will be stored.

F. How will bare hand contact with ready to eat foods be prevented during preparation?

- ☐ Gloves
- ☐ Utensils
- ☐ Deli Tissue
- ☐ Other:

G. Food will primarily be served on:

- ☐ Multi-use Tableware
- ☐ Single-service Tableware
- ☐ Both

Variance Requirement

If your operation includes any of the following specialized processing methods, you must obtain variance from the Colorado Department of Public Health & Environment:
(Check all boxes that apply)

A. ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement

B. ☐ Curing food

C. ☐ Using food additives or adding components such as vinegar:

   a. As a method of food preservation rather than as a method of flavor enhancement, or

   b. To render the food so that it is not time/temperature control of safety food

D. ☐ Packaging TCS Food using a reduced oxygen environment

E. ☐ Operating a molluscan shellfish life support system display tank

F. ☐ Custom processing of animals that are for personal use as food

G. ☐ Sprouting seeds or beans

HACCP Requirement

If your operation includes any of the following procedures, you will need a HACCP plan that meets the requirements of 3-502.12.

(Check all boxes that apply to your operation)

H. ☐ Vacuum Packaging

I. ☐ Sous Vide

J. ☐ Cook-Chill

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Retail Food Establishment Inter-Agency Sign-Off Sheet

This form is a coordination tool to help applicants identify inspections or approvals that may be required from other departments before opening a retail food establishment. It is designed to assist operators in thinking through which agencies—such as building, fire, or planning—may need to be involved based on the nature and location of their business. The applicant is responsible for contacting all relevant departments to determine what additional inspections, permits, or approvals may be necessary to operate.

Please check one:

_____New Establishment _____New Operator/Change of Ownership _____Remodel/Fire/System Discharge
_____Mobile Establishment

NAME OF ESTABLISHMENT_____

ADDRESS _____

TYPE OF BUSINESS _____

OWNED BY _____ PHONE_____EMAIL_____

CONTACT PERSON _____ PHONE _____EMAIL_____

Building Permit # _____ Agency Name _____

If applicable: Septic Permit #_____ Well Permit # _____

BUILDING/ZONING SIGNATURE: _____DATE _____

COMMENTS: _____

FIRE INSPECTOR SIGNATURE: _____DATE _____

COMMENTS: _____

WASTEWATER/UTILITIES SIGNATURE: _____DATE _____

COMMENTS: _____

HEALTH DEPARTMENT SIGNATURE: _____DATE _____

COMMENTS: _____

FOR INFORMATIONAL PURPOSES ONLY:			
LICENSE TYPE & FEE; PAYMENT PROCESSED AFTER PRE-OPERATIONAL INSPECTION			
Restaurant (0-100 seats)*	$481	Grocery Store (0-15,000 sq ft)*	$244
Restaurant (101-200 seats)*	$538	Grocery Store (>15,000 sq ft)*	$441
Restaurant (>200 seats)*	$581	Grocery w/ Deli (0-15,000 sq ft)*	$469
Limited Food Service*	$338	Grocery w/ Deli (>15,000 sq ft)*	$894
Mobile Unit (limited/prepackaged TCS)*	$338	Health Care Restaurant (0-100 seats)*	$481
Mobile Unit (full-service food)*	$481	Health Care Restaurant (101-200 seats)*	$538
School Cafeteria	$0	Health Care Restaurant (>200 seats)*	$581
Special Event*	Set locally	Correctional Facility	$0
		Oil & Gas Temporary	$1063

Plan Review (PR):

The fee for filing an application for a plan review is $155.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed $900.00 [(CRS 25-4-1607(2)]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

Equipment Product Review (ER):

The fee for filing an application for an equipment or product review is $155.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed $775.00 [(CRS 25-4- 1607(3)].

HACCP Plan Review (HPR):

An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent will be generated. The invoice will not exceed $620.00. [(CRS 25-4-1607(4)].

Note: If a HACCP plan undergoes significant changes from the original approved plan, the second review may be required as a new plan review. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation.

Real Estate (RE):

A $120 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5)].

Special Events (SE):

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6)].

Special Services (SS):

The fee for any other requested service that involves review activities and that are not specifically listed above are based on the actual cost of such service [(CRS 25-4-1607(7)].

Fee Exempt (EX):

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.