

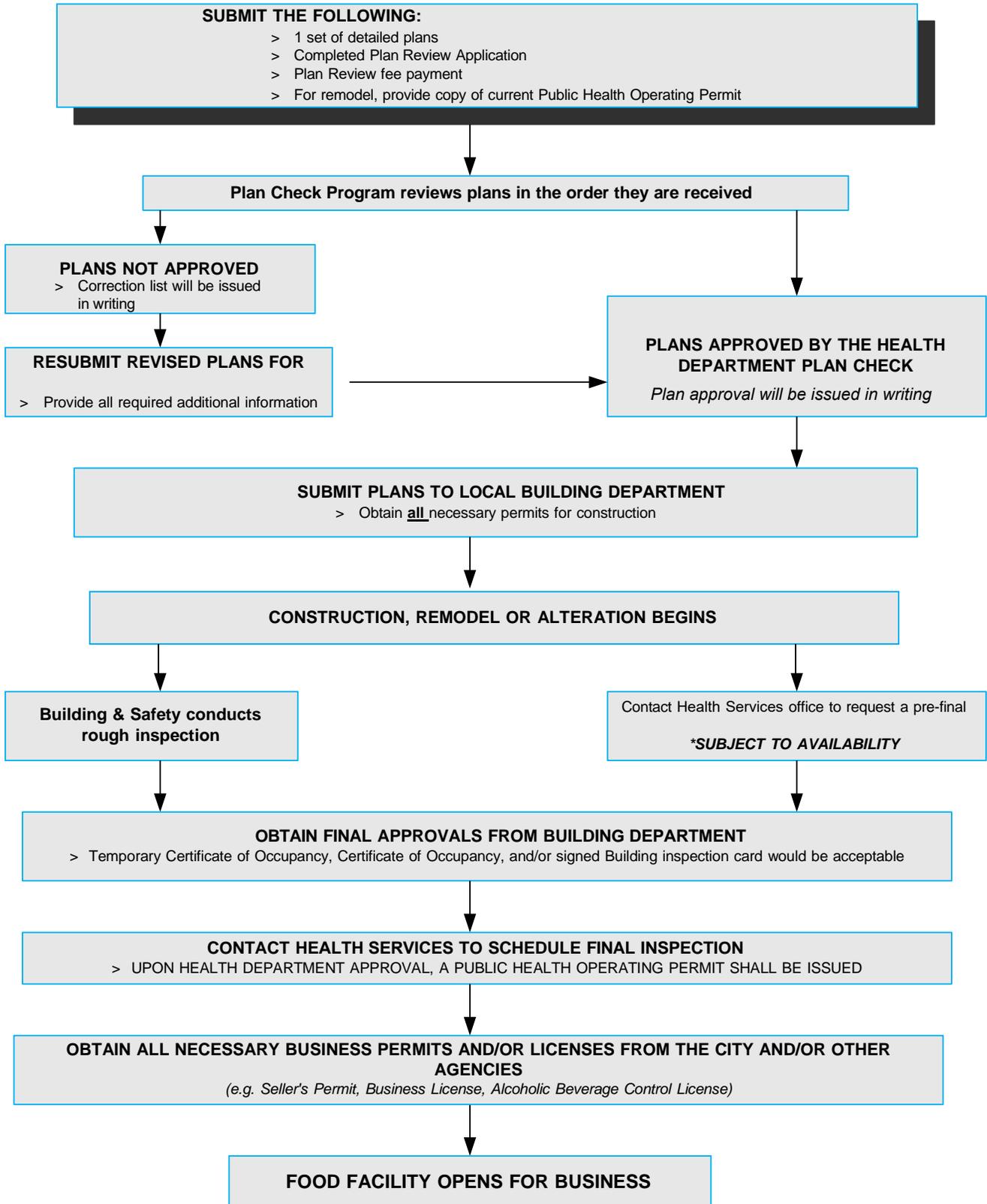


Santa Cruz County Health Services  
2150 N. Congress Drive, Suite #204  
Nogales, AZ 85621  
(520)375-7900

### **Time Line for a New Food Service Permit**

1. Submit draftsman prepared to-scale plans to Santa Cruz County Environmental Health Department.
2. Submit Plan Review Application.
3. Submit Equipment Specifications.
4. Santa Cruz Environmental Health Department reviews plans and approves or disapproves within 30 days. You will be notified in writing if your plan has been approved or disapproved or if more information is required.
5. Once plans are approved, building department for building permits if this is new construction. Feel free to call us for any questions or on-site inspections.
6. The food manager must attend and pass Serve Safe, or similar food handler/manager training,
7. All or most of your general employees must attend and pass the county's food handler certification.
8. Several days before you want to open, after all construction is completed, call Santa Cruz County Environmental Health Department to schedule an opening inspection.
9. On the day of the inspection, have all equipment turned on and working. Have all plumbing up and running. Ensure that someone is there to answer questions.
10. If you do not pass the opening inspection, we will work with you until you can meet the code requirements.
11. If you pass the opening inspection, then you submit your permit application to Santa Cruz County Environmental Health Department and the permit fee for the next year. You will be given your permit to operate.
12. 30 days after opening a Santa Cruz County Environmental Health Department Inspector will come out to do an operational inspection.

# PLAN REVIEW PROCESS FLOW CHART





## **CONSTRUCTION GUIDE FOR FOOD ESTABLISHMENTS**

### **SANTA CRUZ COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH SERVICES**

**PLAN REVIEW OFFICE:** Santa Cruz County Health Department  
2150 N. Congress Dr., #204  
Nogales, AZ 85621  
Telephone: (520) 375-7900

#### **INTRODUCTION**

This construction guide is available to any person intending to construct or remodel a food establishment in Santa Cruz County. It is intended as a general overview of our requirements and should not be considered all inclusive. Please contact our office at the above number, if you require further information regarding your particular plan.

#### **PLAN CHECK FEES**

New Construction:	\$300.00	Plans must be sealed by a registered engineer or architect.
Remodel (major):	\$300.00	Plans must be sealed by a registered engineer or architect.
Remodel (minor):	\$300.00	May be prepared by a non-registrant.

A **remodel** is an alteration to the structure or equipment of an existing food establishment (this information is to be confirmed by Environmental Health's files or by a site survey or inspection).

#### **PLAN SUBMITTAL**

**NOTE:** USE WHITE PAPER ONLY, DARK INK OR LEAD. MINIMUM SIZE OF PLAN MUST BE 16 X 24 INCHES. BEFORE CONSTRUCTING, ENLARGING, ALTERING, OR CONVERTING ANY BUILDING FOR USE AS A FOOD ESTABLISHMENT, COPIES OF DETAILED PLANS AND SPECIFICATIONS MUST BE SUBMITTED TO THE **SANTA CRUZ COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SERVICES, 2150 N. CONGRESS DRIVE, NOGALES, AZ 85621**.

Plans shall be drawn to scale (e.g. 1/4" = 1'); if no scale, give all pertinent dimensions. Plans submitted shall include the following:

1. Complete floor plan with plumbing and electrical outlets and electric panels.
2. Complete equipment layout, including elevations of equipment.
3. Complete exhaust ventilation plans including make-up air.
4. Finish schedule for walls, ceilings, and floors that indicates the type of material, the surface finish, the color, and the type of coved baseboard at the floor-wall juncture.
5. Show toilet rooms and location in relation to food preparation area.
6. Plumbing site plan.

**Plans that are incomplete and plans that have a multitude of changes will be returned for revision before approval may be granted.**

If any changes are desired after approval has been obtained, additional approval must be obtained for such changes.

Approved materials and good workmanship are significant factors in the evaluation and approval of food establishment construction and equipment installation.

## **FINAL INSPECTION**

Upon completion of 100% of the construction, including all finishing work, you must call the Sanitarian assigned to review your plans to arrange for a final inspection. You will not be issued a Health Permit until you pass a final inspection. In no case should a final inspection be requested less than 2 working days prior to the proposed opening of the establishment.

## **GENERAL CONSTRUCTION AND EQUIPMENT REQUIREMENTS**

The plans shall show and specify in detail the following:

1. **FLOORS:** Floors in food establishments (customer's area requirements are less stringent) shall be smooth and impervious to water, grease and acid, and of easily cleanable construction. A covered base is required in all kitchen food preparation, janitorial and toilet areas and possibly other areas, depending upon the use activities. Samples and specifications of flooring other than concrete shall be submitted with plans. Concrete floors are acceptable when properly installed, smooth finished and sealed with approved commercial concrete sealers specific for this purpose.
2. **WALLS:** Walls in kitchen, food preparation areas and dishwashing areas shall be smooth and nonabsorbent, with a light colored, easily cleanable finish. (Note: brick, concrete block or rough concrete and plaster are not acceptable). Material other than smooth plaster or putty coat plaster, drywall with sealed and taped joints, or plywood with properly sealed joints requires submission of sample. All surfaces shall be sealed with a high gloss enamel, epoxy, varnish, or other approved sealer or wall covering. Other wall surface materials are subject to evaluation and compliance with the same or similar requirements prior to installation. Wall surface requirements in customer areas are less stringent. Metal, ceramic tiles, F.R.P. panels are also approved in heavy use wet or cooking areas.
3. **CEILINGS:** Ceilings in kitchen, food preparation, and utensil washing area shall be smooth and nonabsorbent, with a light colored, washable finish. Acoustical tile may be approved if:
  - a. It complies with the above requirements.
  - b. **A SAMPLE IS SUBMITTED AND APPROVED.**
4. **CONDUIT:** All plumbing, electrical, and gas lines shall be concealed within the structure to as great an extent as possible. Where it is not possible, all runs shall be at least 1/2 inch away from the walls or ceiling and 4 - 6 inches off the floor. Where conduit or pipe lines enter a wall, ceiling or floor, the opening around the line shall be tightly sealed, Conduit or pipe lines shall not be installed across any aisle, traffic area or door opening at or near the floor surface.

Multiple runs or clusters of conduit or pipe lines shall be furred in, encased in an approved runway or other Environmental Health Department approved sealed enclosure.

5. **HOODS AND DUCTS:** A hood shall be installed at or above all food heat processing equipment. All hoods, ducts, and exhaust outlets shall be installed in accordance with the current edition of the Uniform Mechanical Code.

All joints and seams shall be tight or soldered for ease of cleaning. Riveted seams are not acceptable. Mechanical exhaust ventilation shall be required at or above all cooking equipment such as ranges,

griddles, ovens, deep fat fryers, barbecues and rotisseries to effectively remove cooking odors, smoke, steam, grease and vapors. All seams around hood metal work shall be tight and properly sealed.

- a. **Canopy-Type Hoods:** Canopy type hoods shall not be more than 7 feet above the floor and shall not be more than 3 1/2 feet above the cooking surface. The hood shall extend at least 6 inches beyond all sides of the units served. It shall have grease troughs or drip pans that are easy to clean.
- b. **Non-Canopy-Type Hoods:** Non-canopy type hoods will be approved providing they are constructed to be easily cleanable and they comply with the minimum exhaust air velocity requirements. Shielding at the ends may be necessary to prevent interference from cross drafts.
- c. **Make-Up Air:** Make-up air shall be provided at least equal to 80% of that amount which is mechanically exhausted.
- d. **Fire Extinguishing System:** Fire extinguishing systems may be required by local fire department codes. They shall be installed so as to not obstruct the easy cleaning of the hood-duct system.
- e. Walls behind cooking equipment shall be covered with metal or ceramic tile and have a coved metal or tile floor-wall juncture.

6. **REFRIGERATION:** All refrigeration units shall comply with the following:

- a. Be capable of operating below 41°F at all times.
- b. Be provided with an accurate thermometer.
- c. Have shelving that is nonabsorbent, noncorroding, and easily cleanable. No wood construction.
- d. Open into an approved food preparation area of the building.
- e. Have smooth, nonabsorbent and easily cleanable surfaces. Metal, ceramic tiles, and F.R.P. board are the only interior materials accepted.
- f. Condensate waste from reach-in units may be drained into a floor sink, floor drain or other approved plumbing fixture.
- g. Freezers must maintain a temperature of 0°F at all times.

**Walk-in Boxes Shall Also:**

- a. Have a cove base with a radius of at least 3/8 inch at floor/wall juncture (metal, tile, cement or factory installed rubber are the only materials to be used).
- b. Have shelving that is at least 6 inches off the floor with round metal legs or cantilevered from the wall for ease of cleaning.

7. **ICE MACHINES:** All ice machines shall be located within the building in an easily cleanable area and shall be drained to a floor sink or floor drain. Leave a minimum one (1") inch air gap between bottom of drain lines and tops of floor drains.

8. **FLOOR SINKS:** Floor sinks or drains shall be installed flush with the floor surface or as required by the local plumbing departments. All condensate and similar liquid waste shall be drained by means of indirect waste pipes into an open floor sink. Horizontal runs of drain lines shall be at least 1/2 inch from the wall and 4 to 6 inches off the floor and shall terminate at least one inch above the overflow rim of the floor

sink. Floor sinks shall be located so that they are readily accessible for inspection, cleaning and repair. The floor sink must be within 15 feet of the drain opening of the equipment served. Waste lines may not cross any aisle, traffic area or door opening at or near the floor. Floor sinks or floor drains are not permitted inside refrigeration walk-in boxes.

9. **EATING AND DRINKING UTENSIL SINKS:** Where multi-use eating and drinking utensils are washed by hand (see exception when dishwasher is used) a 3-compartment sink with dual all metal drain boards shall be provided. The drain boards shall be not less than 16 inches in length. The sinks must be large enough to accommodate the utensils. Where large numbers of pots and pans are used, an additional 3-compartment sink is required.

**KITCHEN UTENSIL SINK:** Where multi-use kitchen utensils (pots and pans) are washed by hand, there shall be provided at least a 3-compartment sink with drain boards of all metal construction. The minimum compartment size shall be at least 18" x 12" deep with minimum 18 inch drain boards, however, the sink must otherwise be capable of holding the largest utensil and the drain boards shall be as large as the largest sink compartment that is over 18 inches. All sinks must meet N.S.F. standards. Sink faucet(s) must reach all compartments and be mixing type.

10. **DISHWASHING MACHINES:** All dishwashing machines must be approved by the National Sanitation Foundation. All spray type machines which are designed for a hot water bactericidal rinse shall be provided with a booster heater that meets the requirements of Standard No. 5 of the National Sanitation Foundation, or be connected to an approved re-circulating water system which is capable of maintaining the rinse water at not less than 180° F. The dishwasher must also be provided with thermometers and pressure gauges to indicate the proper water flow pressures, and temperatures. Appropriate valves for testing the accuracy of the gauges and thermometers shall also be properly installed. Dishwashers are required to drain into a floor sink unless equipped with a scrap tray with an overflow design.
11. **JANITORIAL SINK:** A single-compartment wall-mounted, janitorial sink with hot and cold running water shall be provided and installed for general clean-up activities in all food handling businesses. This sink shall be used for no other purpose.
12. A food preparation sink is required. This sink shall be of sufficient capacity to accommodate the cleaning of food. This sink shall only be used for food preparation and no other purpose.
13. **HANDWASHING SINKS:** Lavatory sinks shall be provided in the food preparation areas. Soap and towels shall be provided in single-service dispensers at the lavatory sink.
14. All sinks shall be properly trapped or drained through an approved air gap. Where required, back-flow devices shall be installed.
15. **GENERAL PURPOSE HOT WATER:** Provide a hot water system capable of supplying 120°F temperature water to all sinks, hand lavatories, and other clean-up facilities during periods of maximum demand. Water temperature quoted is minimal and may be higher.
16. **DIPPER WELL:** A running water dipper well must be provided if scoops are used for dipping frozen desserts. The dipper well shall be drained to a floor sink. (Clean and dry storage allowed for limited or small operation).
17. **WINDOW & DOOR SCREENS:** All windows that can be opened, e.g. restroom windows, shall be screened

with not greater than 16 mesh screen. If doors are to be left open, screens are required.

18. **SERVICE OF FOODS DIRECTLY TO OR BY THE CUSTOMER:** Sneeze guards shall be installed at all displays of unpackaged foods that are accessible for service to or by customers. See N.S.F. bulletin for detailed requirements of size and design.
19. **BACK-UP FOOD STORAGE:** Adequate and suitable floor space shall be provided for the storage of food and beverages. In addition to working storage (i.e., wall mounted shelves and cabinets over food preparation equipment or under counter storage shelves), additional back-up storage must be provided. As a guide to the adequacy of back-up storage space, reference the following:
  - ┆ At least 25% of the food preparation area, or one square foot per seat, whichever is greater, but not less than a total of 100 square feet of floor space.
  - ┆ At least 32 linear feet of shelving units, a minimum of 18 inches deep, should be installed in the minimum 100 square feet of floor space provided. (Check with Environmental Health for recommended number of tiers for shelving units.)

Shelving shall be constructed in an easily cleanable design of smooth metal or wood which has been finished and sealed. Shelves installed on a wall shall have at least a one inch open space between the back edge of the shelf and the wall surface, otherwise, the back edge of the shelf shall be sealed to the wall with silicone sealant or equivalent. The lowest shelf shall be at least 6 inches above the floor, with a clear unobstructed area below or the upper surface of a completely sealed 4 inch minimum height base. All shelves located below a counter or work surface shall be set back at least 2 inches from the drip line of the surface above. If shelves are supported by legs on the floor, the legs shall be round metal or tubular.

20. **RESTROOMS:** Toilet facilities shall be provided, on the premises of each food establishment, convenient for the employees. The floors, walls, and ceiling shall have surfaces that are smooth, nonabsorbent, light in color and easily cleanable. Hand-washing lavatories shall be provided within or adjacent to the toilet rooms. The lavatory shall be provided with hot and cold water in a mixing type faucet. Soap and towels in single service dispensers shall be provided at the lavatory sink. The restrooms shall be provided with tight fitting, self-closing doors. All toilet rooms shall be provided with ventilation; if adequate ventilation cannot be provided by an open window, mechanical ventilation will be required. All restrooms must have garbage receptacles. If the restroom is to be utilized by women, the restroom must have a covered garbage receptacle.
21. **DELIVERY DOORS:** All delivery doors leading to the outside shall open outward, be self-closing, and may require an overhead air curtain. The air curtain, when installed inside the building, must produce a downward-outward air velocity of 750 feet per minute minimum over the entire opening down to a point 3 feet above the floor and turn on automatically when the door is opened. When installed outside the building, the same velocity of air must be directed straight down over the entire door opening.
22. **CUSTOMER'S DOORS:** All entrance doors leading to the outside shall open outward and be self-closing.
23. **LIGHT:** All bar and fountain glass washing sinks, all dishwashing areas, and all food preparation areas, shall be provided with at least 10 foot candles of light, 30 inches above the floor. Utensil storage rooms, toilet rooms, and dressing rooms shall be provided with at least 20 foot candles of light. All lights in food preparation and food storage areas must be properly shielded.

24. **EQUIPMENT:** All show and display cases, counters, shelves, tables, refrigeration equipment, sinks and other equipment used in connection with the preparation, service and display of food, shall be made of nontoxic materials and so constructed and installed as to be readily cleaned. All equipment shall be placed on sanitary legs with a minimum height of 6 inches, on a 4 inch coved base, on approved casters or cantilevered from the wall in an approved manner.
25. All equipment design, construction, and installation are subject to Environmental Health's approval. The National Sanitation Foundation standards are used as a guide for equipment evaluation and approval except where strict compliance with the NSF standards is a specific requirement.

All construction must be performed in accordance with applicable building codes, the Uniform Plumbing Code (as currently amended), the Uniform Mechanical Code (as currently amended), and the National Electrical Code (as currently amended).

26. You are directed to familiarize yourself with all requirements of the Santa Cruz County Sanitary Code.



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## Plan Review Submittal Packet

Food Safety Program

### LICENSING

All food businesses in Santa Cruz County are required to have a food service or retail food establishment license issued by Santa Cruz County Health Services (SCCHS). **If you plan to open a restaurant or retail food establishment, change ownership, remodel an existing location or change your license status (i.e. change of menu or food preparation and processing methods), you must submit a plan review packet.** If you have any questions regarding plan approval or licensing, please contact our office at (520)375-7900, or by emailing [hservices@santacruzcountyaz.gov](mailto:hservices@santacruzcountyaz.gov).

### GETTING STARTED

Arizona Law requires that every food operator be licensed prior to operating. All new retail food businesses and those performing extensive alterations or remodeling must complete the plan review process.

### STEPS FOR SUBMITTING A PLAN REVIEW:

#### STEP 1 – SUBMITTAL OF PLANS

- Complete the attached “Plan Review Application”
- Submit the application along with the Plan Review fee
- Submit one (1) complete set of drawings, to scale, of the facility prepared by an engineer, architect, or draftsman.
- NOTE: Your application should be submitted at least 30 day prior to construction.

#### STEP 2 – PLAN REVIEW AND APPROVAL BY SCCHS

- Your application and information submitted will be reviewed by our department within 30 days upon receipt.
- A letter will be mailed informing you of any additional information or changes that are required to meet code requirements, if any.

#### STEP 3 – CONSTRUCTION INFORMATION

- Ensure all contractors and subcontractors are properly licensed.
- Contact your local sewer utility company for grease interceptor/pre-treatment requirements.
- Ensure your contractors obtain all necessary permits through the **Building Department** in your jurisdiction.
- Contact your local **Fire Department** for fire code information and an Inspection of your facility.

#### STEP 4 – INSPECTION

- Prior to opening your establishment, it must be inspected by SCCHS.
- If the facility meets code requirements at the time of pre-licensing inspection, it will be approved to operate once a completed application and the corresponding fee is received (see Schedule of Fees).

**NOTE: SCCHS will make all attempts to accommodate your timeline for the final inspection, but please plan in advance and contact us at least 1 week ahead of your desired inspection date. Call (520) 375-7900 to schedule an appointment.**



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## Plan Review Submittal Packet

### Food Safety Program

#### **EDUCATION REQUIREMENT**

Santa Cruz County Health Code requires that at least one person in charge (PIC) per shift of a food service operation or retail food establishment must have Manager Certification training or an equivalent approved training prior to the business being licensed. Proof of completion will be required to obtain the proper food license.

In addition, Santa Cruz County requires all food-handling employees to obtain a Food Handler's Certificate. The person in charge at the Food Establishment is responsible for ensuring all food-handling employees obtain this certification. The certificate(s) must be visible or readily accessible and kept at the establishment for Health Inspections.

#### **PLAN REVIEW SUBMISSION**

An application to conduct a **food service operation or retail food establishment** may only be completed **after** the plans for the operation have been reviewed and approved.

In order for the plans to be reviewed, the owner/operator must **first** submit a **Plan Review Application**, along with the required fee for the plan review.

Once the plans, information and menu are reviewed and approved and the proper risk classification and licensing fee are determined, you will contact us to schedule a pre-licensing inspection. This inspection ensures that the operation as well as the menu and methods of food preparation are consistent with the plans that were submitted. **Any menu items added that are not listed on the plan review and served after permit is issued may require additional requirements and food may be discarded.**

Upon a satisfactory pre-licensing inspection, the appropriate fee will be collected and the appropriate license will be issued.

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. I am submitting a set of plans, a menu and the plan review fee.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Plans To:** Santa Cruz County Health Services  
2150 N. Congress Drive, Suite #204  
Nogales, AZ 85621

**Questions:** Phone: (520) 375-7900  
Fax: (520) 375-7624  
www.santacruzcountyaz.gov  
hservices@santacruzcountyaz.gov



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## Plan Review Submittal Packet

### Food Safety Program

#### **You must provide the following information in your plans:**

##### **General requirements:**

1. All plans must be legible and drawn to scale prepared by an engineer, architect, or draftsman.
2. A detailed drawing of the area used by the business including all entrances, exits, windows, and doors.
3. A statement indicating the seating capacity and square footage.
4. The plans must contain the exact placement of all equipment within the food facility. This includes sinks, cooking equipment, and refrigeration units.
5. All surfaces must be smooth, easily cleanable, and non-absorbent. A complete list of surface finishes must be submitted along with the plans, or detailed on the plans.
6. A complete list of all food items that will be prepared and served.
7. The number and location of all lighting fixtures. All lighting in the storage, cooking, and preparation areas must be shielded.
8. All restroom doors that open into food preparation/cooking areas must be self-closing.

##### **Plumbing Requirements:**

1. The location of all plumbing fixtures. Including the placement of all hand sinks, toilets, food preparation sinks, and the three compartment sink.
2. The three compartment sink must have drain boards on each end, or a moveable cart to be used as a drain board.
3. The location of the mop sink.
4. The size and location of the hot water heater.
5. The size and location of the grease interceptor. At minimum, all three compartment sinks must discharge into an approved grease interceptor.
6. An indirectly drained food preparation sink will be required if food will be thawed in water or if food will be washed.

##### **Equipment Requirements:**

1. A list of all food equipment with the manufacturer and model numbers listed. All food equipment should be approved for commercial use by a testing agency such as NSF.
2. All refrigerators must have a working thermometer and must maintain 41 degrees or less.
3. Proper thermometers available for testing food temperatures (stem thermometer).



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## Plan Review Submittal Packet

Food Safety Program

### PLAN REVIEW CHECKLIST

The following information must be included as part of your plan review. Please complete the checklist and submit it with the application.

Please indicate if you have included the listed components in your plan, or if a component is not applicable to your establishment

COMPONENT	YES, IT IS INCLUDED	NOT APPLICABLE
Menu		
Floor Plan, drawn to scale		
Location of Entrances and Exits		
Grease trap location/ approval from pre-treatment		
Food Preparation Sink with indirect drain (air gap is present)		
Ventilation Hoods		
ANSI fire suppression system over grease producing equipment		
Location of all hand sinks (including restrooms)		
Location of all equipment (refrigerators, freezers, and hot holding equipment)		
Location of the 3 compartment sink		
Location of the dish machine		
Location of the mop sink		
Dry storage location(s)		
Chemical storage location(s)		
Location of Washer and Dryer		
Completed Equipment List		
Completed Interior Finishes List		
Self-Closing Restroom Doors		



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## Plan Review Submittal Packet

Food Safety Program

<b>Plan Review Fee Schedule</b>	<b>Plan Review Fee</b>	<b>\$300</b>	<b>Expedited Review Fee</b> (Review completed within 72hrs)	<b>\$600</b>
<b>Date:</b>		<b>Amount Due:</b>		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Ownership \$150	<input type="checkbox"/> Menu Change	<input type="checkbox"/> Remodel of Existing Facility	
Food Service/Food Establishment Name				
Food Service/Food Establishment Street Address				
City	Zip Code	Parcel ID		
Number of seats		Total Square Footage		

Anticipated Construction Start Date \_\_\_\_\_ Anticipated Opening Date \_\_\_\_\_

### Plan Information

Contact Name			
Mailing Address For Plan Approval Letter			Email Address
City	State	Zip Code	
Phone Number	Cell Phone	Fax Number	
Signature			

### Hours of Operation:

Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

<b>Number of meals:</b>	Breakfast	Lunch	Dinner
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**Number of staff per shift:** \_\_\_\_\_

(Persons-In-Charge will need accredited Food Safety Manager Program)

**Type of Service:** (Please check all that apply)

Sit down Meals  Take Out  Catering  Mobile Vendor

Please answer all of the following questions:

<b>ESTABLISHMENT TYPE</b> <b>(Check all that apply)</b>	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Winery/Brewery/Distillery
	<input type="checkbox"/> Meat/Fish Market	<input type="checkbox"/> Child Care Facility
	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Food Processor
	<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> School Kitchen
	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Bar
	<input type="checkbox"/> Bakery	<input type="checkbox"/> Micro-Market
	<input type="checkbox"/> Caterer	<input type="checkbox"/> Other (please specify below)
	<input type="checkbox"/> Deli	

**Facility Information: *All items must be answered***

1	What is your water supply source (municipal or well)? (please attach copy of well approval from ADWR)	<input type="checkbox"/> <b>Municipal</b> <input type="checkbox"/> <b>Well</b>
2	Is building connected to public sanitary sewer or septic?	<input type="checkbox"/> <b>Sewer</b> <input type="checkbox"/> <b>Septic</b>
	If septic, is it SCCHS approved? Include permit number.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Permit # _____
	Does facility have a grease interceptor?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Size/Capacity _____
3	What is the holding capacity of the hot water heater? <b>Must be commercial Please include model # and recovery rate in gallons per hour</b>	Brand/Model # _____ Recovery Rate(gph) _____ Capacity _____ gal or Tankless _____ gmp
4	Are all surface finishes smooth, non-absorbent, and easily cleanable?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5	Is all your equipment commercial grade and approved by a certifying agency such as NSF?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
6	Does your kitchen 3 compartment sink discharge into a grease trap and is indirectly drained? <b>Include sink compartment dimensions</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> _____ "L x _____' W x _____" D
	What type of sanitizer will you use for the 3 compartment sink?	<input type="checkbox"/> <b>Chlorine</b> <input type="checkbox"/> <b>Quaternary Ammonia</b> <input type="checkbox"/> <b>Iodine</b> <input type="checkbox"/> <b>Hot Water</b> <input type="checkbox"/> <b>Other</b>
	Are there drain boards on both ends of the 3 compartment sink?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
7	Are your ice machines and preparation sinks indirectly drained (proper air gaps are present)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
8.	Does the facility have a mechanical dishwasher?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>
	If so please indicate type of sanitation used	<input type="checkbox"/> <b>Hot Water</b> <input type="checkbox"/> <b>Chemical</b>
	Does the dishwasher have temperature/pressure gauges as required that are accurately working?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Facility Information:**

9	Will a dumpster be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Frequency of pick up	_____times/week
	Contractor or service provider?	_____
	What type of surface is the dumpster(s) on? <b>Placement on soil or gravel unacceptable</b>	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt
	If applicable where will your used oil/grease barrel/container located? <b>Placement on soil or gravel is unacceptable</b>	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt
10	Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Do all open able windows have a minimum #16 mesh screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is area around building clear of unnecessary brush, liter, boxes and other harborage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Will air curtains be used? If yes, where?	_____
	Provide name and contact information of licensed pest control company you will use for pest control.	Company Name _____ Phone _____
11	Does your walk-in units, dry storage, ware washing, food preparation areas, and restrooms meet the minimum lighting requirement below? <ul style="list-style-type: none"> <li>• 10ft Candles: Walk-in coolers and dry storage</li> <li>• 20ft Candles: Restrooms</li> <li>• 20ft Candles: Ware washing</li> <li>• 50ft Candles: Food preparation areas</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Interior Finishes: *All answers must be completed***

Complete the following chart to indicate all interior finishes **OR** indicate the reference number on the plans of your facility layout. All surface finishes must be durable, smooth, non-absorbent and cleanable. Please contact our office at (520)375-7900 with questions regarding acceptable finishes.

**\*If the location is not application, put N/A in the box.**

LOCATION/ROOM	FLOORS	WALLS	CEILINGS	COVING
<b>Acceptable Finishes</b> <i>If not on the approved list finished must be approved.</i>	Sealed Concrete, Quarry Tile, Poured Epoxy, Commercial Grade Vinyl,	Stainless Steel, Aluminum, Ceramic Tile, Fiberglass Reinforced Panel (FRP), Concrete Block filled with Epoxy Paint or Glaze, painted sheetrock.	Stainless Steel, Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard, Dry-wall Sealed with an Epoxy Finish, Plastic Laminate	Coved base (3/8 inch radius or greater) at the juncture of walls and floors. 4-inch vinyl or rubber, ceramic or quarry tile, and stainless steel.
<b>Example:</b> <b>Dry Storage Room</b>	Sealed Concrete	FRP	Vinyl acoustic	6" quarry tile
Kitchen				
Bar				
Dry Storage Room				
Kitchen				
Dishwashing Area				
Walk-in Refrigerators and Freezers				
Restrooms				
Mop Service Area				
Service Areas/Buffets/Salad Bars				
Other _____				
(name)				
Other _____				
(name)				



**Food Preparation Review** *All answers must be completed*

Please answer the following questions as: No/Yes or Not Applicable (NA)		
1	Are all food supplies from an inspected and approved source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Where will food supplies be purchased?	_____ _____ _____
<b>What are the projected frequencies of deliveries for?</b>		
2	Frozen Foods	_____ Times per _____ Week
	Refrigerated Foods	_____ Times per _____ Week
	Dry Goods	_____ Times per _____ Week
<b>Provide information on the amount of space (in cubic feet) allocated for:</b>		
3	Dry Storage ( <i>Storage room, Shelves, etc.</i> )	_____ <i>ft</i> <sup>3</sup>
	Refrigerated Storage ( <i>Refrigerators</i> )	_____ <i>ft</i> <sup>3</sup>
	Frozen Storage ( <i>Freezers</i> )	_____ <i>ft</i> <sup>3</sup>
4	Does each refrigerator and freezer have a thermometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	Will you be cooking - cooling - and reheating food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	What cooling methods will you use	<input type="checkbox"/> Shallow PlanS <input type="checkbox"/> Ice Baths <input type="checkbox"/> Reduce volume <input type="checkbox"/> Rapid Chill <input type="checkbox"/> Other
7	Will food product thermometers be used to measure final cooking and reheating temperatures of PHF's?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	Do you have a written employee health policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9	Will you prepare food 12 hours in advance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Will food be prepared the same day of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Will you be preparing foods using specialized processing methods such as reduced oxygen packaging, smoking food as a method of food preservation, curing food? <b>If YES, you MUST submit a formal HACCP Plan for approval prior to opening.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12	What barrier will be used to prevent bare hand contact with ready-to-eat foods? Check all that apply	<input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Food Grade Paper
13	What sanitizer will you use for non-food contact surfaces?	<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine
14	Will you be conducting sales across state lines? If so please provide FDA registration number	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A FDA Registration # _____



Santa Cruz County Health Services  
2150 N. Congress Drive, Suite #204  
Nogales, AZ 85621  
(520) 375-7900  
www.santacruzcountyaz.gov

## Plan Review Submittal Packet

Food Safety Program

### For Office Use Only

Date Received		Received by	
Plan Review Paid Yes No	Check#	Date	
Primary Reviewer		Secondary Reviewer	
Septic Review Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		City of Nogales Pre-Treatment Approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Fire Department Approval <input type="checkbox"/> Yes <input type="checkbox"/> No		New Owner Inspection Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date:	
Sanitarian's Signature: _____		Permit Number: _____	



Santa Cruz County Health Services  
 Environmental Health Department  
 2150 N. Congress Drive, Suite #204 • Nogales, AZ 85621  
 Phone: (520) 375-7900 Fax: (520) 375-7904  
 Website: [www.santacruzcountyaz.gov](http://www.santacruzcountyaz.gov)  
 Email: [hservices@santacruzcountyaz.gov](mailto:hservices@santacruzcountyaz.gov)

## Permit Application

### Permit Type

<input type="checkbox"/> Food Service	<input type="checkbox"/> Mobile Unit	<input type="checkbox"/> Catering	<input type="checkbox"/> Serving Kitchen	<input type="checkbox"/> Micro Market	<input type="checkbox"/> Retail Food
<input type="checkbox"/> Limited Food Manufacturer	<input type="checkbox"/> Winery/Distillery/Microbrewery	<input type="checkbox"/> Meat Market/Cutting/Seafood Market	<input type="checkbox"/> Swimming Pool/Spa	<input type="checkbox"/> Lodging Establishment	<input type="checkbox"/> Mobile Home/RV Park
<input type="checkbox"/> School	<input type="checkbox"/> Campground	<input type="checkbox"/> Garbage Hauler	<input type="checkbox"/> Liquid Waste Hauler	<input type="checkbox"/> Annual Temporary	<input type="checkbox"/> Annual Temporary Sampling
<input type="checkbox"/> Seasonal Food Service	<input type="checkbox"/> Bakery/Deli	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Day Care Food Service	<input type="checkbox"/> Tasting Room	<input type="checkbox"/> Farmers Market Coordinator

**Owner Information:**

- New Owner  New Establishment  New Location  Major Remodel *(Plan Review will be required)*  
 Change of Establishment Type *(Plan Review will be required)*

Owner Name: \_\_\_\_\_  
*(Corporation, LLC Name or First and Last Name of Primary Owner)*

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Facility Information:**

Facility Name (dba): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: AZ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool/Spa Access Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Sewage Disposal:  Public Sewer  Septic *(Please provide a copy of permit or permit number)*

Potable Water:  Public  Individual Well *(Must provide most recent copy of water testing results that include Nitrate, Nitrites, and Coliforms)*

**Please send Official/Billing Correspondence to:**

Owner  Other *(Please specify below):*  
 OR Name: \_\_\_\_\_ Care of: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

***This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.***

*The undersigned hereby applies for a **Permit to operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health **of any change** in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE***

**INOTE: Any information contained in this application is a matter of public record, and is available to the public under the Arizona Public Records Act.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Date Received: _____		Received by: _____	
Permit Number: _____	Plans and Plan Review Submitted Yes No		Plan Review Paid Yes No
New Owner Inspection Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Septic Review Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Date Completed: _____	Inspector: _____	Permit Number: _____	
City of Nogales Pre-Treatment Approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Fire Department Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application/Plans: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Issue Date: _____	Sanitarian's Signature: _____

11-1604. Prohibited acts by county and employees; enforcement; notice

A. A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.

B. Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.

C. This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.

D. A county shall not request or initiate discussions with a person about waiving that person's rights.

E. This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.

F. A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.