



**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](http://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](http://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: _____