



## 2025 Plan Review

January 1, 2025  
Plan Review Requirement

La Crosse County Environmental Health has a plan review requirement and fee for all new and remodeled food establishments or establishments that have a change of owner in La Crosse County.

Please complete the plan review to the best of your ability and return to Megan Watters in the Environmental Health Department with all items requested along with payment of \$250.00. Failure to return items requested or fee will delay the review process.

Per ATCP 75, our department has 30 business days to complete the plan review of completed documents. If all items are not received or are incomplete, the timeline is paused and / or started over. If less than 30 business days is needed, a rush fee of \$250 will be charged in addition to the \$250 plan review fee.

If you have questions, please contact us at 608-785-9771 or email [mewatters@lacrossecounty.org](mailto:mewatters@lacrossecounty.org).



*For office use only*

Date Submitted: _____	Date Additional information requested: _____
Date Reviewed: _____	Projected Opening Date: _____

## Food Establishment Plan Review Application

All new or extensively remodeled food establishments in La Crosse County must submit complete plan review application, floor plans, equipment specifications, and a menu for new structures or major remodeling of present structures of restaurants, beverage establishments, and retail food. **These items must be submitted and approved by the Health Department in advance of construction. Plan review fees will be assessed. If operators are found to have built new or extensively remodeled without a plan review submission and approval, then they shall be subject to a plan review fee as well as a penalty fee equal to that of the plan review fee.**

When ownership changes in a current establishment, a plan review packet must be submitted to verify that the current establishment meets the updated 2020 Wisconsin Food Code.

The Department will notify the Establishment's Local Contact\* within 10 business days of submittal if the plans are incomplete and cannot be reviewed. The department will review applications within 20 business days from notification that the application is complete. It is strongly encouraged that establishments schedule a pre-plan review meeting by calling **(608) 785-9771** prior to submittal.

### Plan Review Checklist:

- Floor plan drawn to scale with locations and labels for all equipment, plumbing, and storage
  - Label all food and beverage storage areas, including back stock, self-service areas, food preparation counters, etc.
  - Label all chemical, garbage, restrooms, employee-use areas, outer openings (windows/doors).
- Location of grease trap, utility/mop sink, backflow prevention devices/methods
- Handwashing sinks, food preparation sinks, and warewashing equipment, including hot water heater.
- Equipment specifications for cooking, hot holding, and cold holding of food, beverages, and ice.
- Hood ventilation equipment.
- Source of water supply (if private well, must submit most recent water test results).
- Method of sewage and grease disposal.
- Finish materials schedule for all surfaces (floors, walls, ceilings, sinks, counters, shelving, etc.)
- Approvals from local municipalities for applicable building, fire, and zoning requirements



**This plan review is for:**

**Food Establishment address:**

- New construction
- Remodel
- Adding or removing equipment
- Change of ownership
- New Facility

**Establishment Information:**      **Projected Opening Date** \_\_\_\_\_

License holder: \_\_\_\_\_

Circle one INC /LLC/Sole proprietor

Business mailing address: \_\_\_\_\_

DBA Establishment name: \_\_\_\_\_

Establishment address: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_

\*Local contact: \_\_\_\_\_ Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_

Name of operator: \_\_\_\_\_

Address of operator: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address of contractor: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_

**Name of Previously Licensed Location/Business (if applicable):**

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**Plan Submittal**

A detailed set of plans and menu must be submitted with this application. Incomplete plans and application will delay plan approval. The following pages will outline what General Establishment Information, Facility Plans, and Menu information must be included.

A construction check and pre-inspection of the establishment and written approval by the Health Department is required prior to the start of operation and granting of a license. Approval of written plans does not constitute approval of finished structures.

Be advised, regulations are subject to change. Any changes in plans that have not been reviewed by the Health Department must be resubmitted for review and approval. Health Department approval of these plans does not take place of approval and plan submittal to other City, County or State departments.

La Crosse County establishments must complete and submit a license application to the Health Department prior to the pre-inspection.

**General establishment information**

**Hours of operation:**

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_  
Sa \_\_\_\_\_ Su \_\_\_\_\_

**Seating/Restrooms:**

\_\_\_\_\_ Total number of seats                      \_\_\_\_\_ Number of staff  
\_\_\_\_\_ Outdoor seating                              \_\_\_\_\_ Number of total restrooms

**Number of fixtures in restrooms:**

<u>Male</u>	<u>Female</u>	<u>Unisex</u>
_____ Toilets/Urinals	_____ Toilets	_____ Toilets/Urinals
_____ Hand sinks	_____ Hand sinks	_____ Hand sinks

**Restrooms where doors enter a food service area must be provided with self-closing door apparatus**

**Number of meals per day:**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

**Check all type of services provided:**

<input type="checkbox"/> Catering	<input type="checkbox"/> Take Out	<input type="checkbox"/> Wholesaling	<input type="checkbox"/> Bakery/Baking
<input type="checkbox"/> Buffet	<input type="checkbox"/> Delivery	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Sit Down Meals
<input type="checkbox"/> Grocery	<input type="checkbox"/> Fish Market	<input type="checkbox"/> Bulk Food Sales	<input type="checkbox"/> Bar

**Will the following highly susceptible populations be served or catered?**

Nursing Home  Assisted Living  Child Care  Schools  Health Care  Other: \_\_\_\_\_



**Has an owner, manager, or employee taken a food safety class and become a WI Certified Food Manager?**  Yes  No

If yes, please list the certified individual: \_\_\_\_\_

*Information on WI Certified Food Managers can be found in the "Food Establishment Plan Review Guidelines".*

**Waste and water supply:**

Municipal water  Municipal waste  Well  Septic system

Grease trap located: \_\_\_\_\_

Not applicable because: \_\_\_\_\_

Liquid and solid waste containers located: \_\_\_\_\_

Be advised that bulk solid waste containers must be:

- Located outdoors on hard paved and sloped surfaces
- In an enclosed area
- With separated recyclables

All well and septic questions will be directed to the Well and Septic Specialist at the La Crosse County Health Department. *See the "Food Establishment Plan Review Guidelines" for more information.*

**Menu**

**Submit the Proposed Menu for the Food Establishment and answer the following:**

**Special Processes:**

Check any special processes to be conducted at the establishment:

Curing                       Smoking                       Drying                       Sous Vide  
 Sushi                               Wholesale                       R.O.P                       Canning  
 Lacto-fermentation e.g. Kombucha                       Other: \_\_\_\_\_

Note: These processes may require a variance and/or HACCP Plan, and licensing by the WI Department of Agriculture.

**Consumer advisory:** (Consumer advisory is required for raw or lightly cooked items. EX: eggs, burgers) Will any menu items require a consumer advisory?

Yes  No

If yes, then provide a sample of how it will be displayed to inform and advise the public. *See "Food Establishment Plan Review Guidelines" for examples.*

**Food source:**

List food sources/suppliers: \_\_\_\_\_

What raw meats, poultry, and seafood will be used? How will they be stored separately from ready to eat foods? \_\_\_\_\_

**Ice source:**  No ice  Ice machine  Purchase Ice



## Food Processing Procedures

**Cooling potentially hazardous foods:** List all foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F within 2 hours and within a total of 6 hours from 135°F to 41°F or less.

- Uncovered shallow pans in refrigerator: \_\_\_\_\_
- Ice baths: \_\_\_\_\_
- Ice paddles: \_\_\_\_\_
- Other: \_\_\_\_\_

### Thawing

List foods that will be thawed using the following methods:

- Refrigeration: \_\_\_\_\_
- Under running water in food prep sink: \_\_\_\_\_
- Microwave as part of cooking process: \_\_\_\_\_
- Cook from frozen: \_\_\_\_\_

### Reheating:

List foods and equipment used to reheat foods rapidly at 165°F.

\_\_\_\_\_

### Ready to Eat Food Preparation

Will produce come pre-washed or will it be washed at the establishment?

- Washed onsite                       Comes pre-washed

Where will produce be washed? \_\_\_\_\_

When ready-to-eat foods are being prepared how will bare hand contact be avoided?

- Disposable gloves    Deli tissue    Tongs/utensils    Other: \_\_\_\_\_

If potentially hazardous ready-to-eat foods are prepped and held longer than 24 hours how will it be date marked and discarded?

\_\_\_\_\_

### Thermometers:

To verify cooking, cooling, storage, and hot hold temperatures, what type of thermometer will be used? (ex: hanging, probe, digital)

\_\_\_\_\_

### Wiping cloths:

Describe method and sanitizer used: \_\_\_\_\_

\_\_\_\_\_

### Food displays/buffet/bulk foods

List foods on display and how they will be protected:

\_\_\_\_\_



## Facility Floor Plan

### Submit a floor plan drawn to scale.

Include:

1. All equipment used in food storage, food preparation and bar
2. Buffet/customer service area
3. All sinks:
  - a. Hand sink(s) and lavatories
  - b. Vegetable and food prep sinks
  - c. Utility/mop sinks not in kitchen or public area
  - d. Warewashing sinks with drain boards
  - e. Other: \_\_\_\_\_
4. Dish machine/glass washer
5. Wait station(s)
6. Toilet facilities
7. Dry/food storage areas
8. Employee break area and personal item storage
9. Chemical storage area
10. Laundry facilities
11. Water heater location
12. Bar area
13. Indoor/outdoor Seating Areas
14. Outdoor cooking/bar (if provided)
15. Recycling and garbage area-location of grease receptacle
16. Location of all floor sinks and floor drains
17. Grease Interceptor/grease trap
18. Ice bins and Ice machine
19. Dipper wells
20. Chemical dispensing units
21. Exhaust hoods
22. Building site layout including adjacent businesses and outdoor storage areas
23. Other : (please List and show on plans)



**Equipment Schedule**

Provide corresponding specification/cut sheets for all new equipment. Note: Used equipment is subject to visual inspection prior to approval for use. (Please list all equipment below)

<b>Number on plans</b>	<b>Equipment Make/Model</b>	<b>New</b>	<b>Used</b>	<b>Plumbing required Yes/No</b>	<b>Installed on castors or sanitary legs</b>	<b>Certified Commercial by NSF/ANSI/ UL/ETL(Sanitation) or other</b>





**Hoods:** Per building and fire codes (ensure approvals and/or correspondence available for review)

**Water Heater:**

Make/Model (Provide specification sheet) \_\_\_\_\_

Proposed size: Electric \_\_\_\_\_ KW Gas \_\_\_\_\_ BTU's

Storage tank capacity \_\_\_\_\_ gallons

Hot water heater second hour recovery rate \_\_\_\_\_ gallons/hour at a 100° F rise

**Plumbing**

**Utensil washing:**

Commercial dishwasher Make/Model (Provide specification sheet): \_\_\_\_\_

High temp  Low temp Located:

Above counter  Under counter

If above counter used is a Type II hood installed?

Yes  No

Does all equipment fit into dish washer?

Yes  No

**Utensil Wash Sinks:**

Three compartment  Four compartment  Other \_\_\_\_\_

**Handwashing:**

Handwash sinks shall be in areas where food is handled and warewashing. Please check the areas provided in your restaurant below:

- Food prep  Utensil wash  Grill line
- Customer service  Bar  Beverage carts
- Wait stations  Temporary bar and food service

Handwash sinks are required to be supplied with:

- Hands free faucets (Provide specification sheet)
- Soap
- Single use paper towel
- Signage



**Back flow prevention and air gaps: List**

type of devices used:

	Example	
Food prep sinks	Air gap	
Hose bibs	ASSE 1011 Vacuum breaker	
Chemical dispensers	Direct connect ASSE 1055 listed dispenser	
Soda dispensers CO <sub>2</sub> system	ASSE 1022 Dual check valve system	
Ice machine/bins	Air gap	
Floor mounted Mop Sink:	ASSE 101 Vacuum breaker	

**Facility Details/Finishes**

**Linens:**

How will wiping cloths, aprons and other linens will be cleaned?

- Onsite washer      Location: \_\_\_\_\_
- Onsite dryer       Contract service     Other: \_\_\_\_\_
- How will soiled and clean linens be stored? \_\_\_\_\_

**Chemicals:**

Bulk Storage and dispenser

Location: \_\_\_\_\_

Sanitizer used: \_\_\_\_\_

- Chlorine                       Quaternary Ammonia                       Iodine                       Lactic Acid

Test Strips provided:

- Chlorine test strips     Quaternary Ammonia test strips     Iodine test strips
- 160° F irreversible test tape     Lactic Acid test strips

**Pest Control:**

Service Provided:  Yes                                       No

If Yes, list company name: \_\_\_\_\_

**Employee Personal Item Storage:**

How and where will employee personal items be stored? \_\_\_\_\_

\_\_\_\_\_



**Lighting:**

Please be advised that all lighting in equipment, food storage, prep and bar areas must be shielded. The following intensities shall be provided; 540 lux (50 food candles) in food prep areas, 108 lux (10 foot candles) in walk in coolers & dry storage and 220 lux (20 foot candles) in all other kitchen areas.

**Finishes:**

All finishes in food storage and preparation areas must be smooth, durable and easily cleanable. List below and be able to provide samples if requested.

	Example	Kitchen	Wait stations	Walk in	Dry storage	Custodial closets
<b>Floors</b>	Quarry tile					
<b>Walls</b>	FRP					
<b>Coving</b>	Vinyl base cove					
<b>Ceilings</b>	Smooth panel					
<b>Shelving</b>	Metro racks					

Coved wall floor juncture (ex: rubber baseboard or curved tiles): \_\_\_\_\_

Ensure horizontal pipe and conduit not exposed: \_\_\_\_\_

**Standard Operating Procedures**

The following items must be discussed prior to opening:

1. Certified Food Manager
2. Employee Health Policy. What training or means will be provided to inform employees of their responsibility to report illnesses, review foodborne illness symptoms, and report any diagnosed illness? \_\_\_\_\_
3. A Person In Charge (PIC) must be present at all times. This person does not have to be certified, but must know food safety principles and be able to take action if needed.  
 (See the "Food Establishment Plan Review Guidelines" for further details.)
4. Allergen Awareness
5. Employee training: How will employees be instructed on food safety principles?

**Contact Information:**

This application, a set of plans, and a menu may be mailed to:

La Crosse County Health Department  
 300 4<sup>th</sup> Street North, 2<sup>nd</sup> Floor  
 La Crosse, WI 54601

If you have any questions about this application or need to schedule a preplan review appointment call:  
 La Crosse County Health Department: Environmental Health 608-785-9771