

Facility Type			
<input type="checkbox"/> New	<input type="checkbox"/> Remodel/Renovation of an Open, Permitted Facility	<input type="checkbox"/> Other ()	
The following needs to be submitted for the plan review process to begin:			
<input type="checkbox"/> Submit one (1) set of food service plans; that includes equipment lay-out, equipment list/specifications, plumbing plans and finish schedule			
<input type="checkbox"/> The plan review fee (See schedule of fees: https://www.dupagehealth.org/212/Fees)			
<input type="checkbox"/> The completed Food Service Facility Plan Review Application and Exhaust Hood Information (if hood provided in layout)			
<input type="checkbox"/> Menu – including food and beverages			
Contact Information			
Facility Information:			
Name:			
Address:			
City:	State: IL	Zip Code	
Phone: () -			
Owner / Owner Operator:			
Name:			
Address:			
City:	State:	Zip Code	
Phone () -	E-mail:		
Architect Name:			
Name:			
Address:			
City:	State	Zip Code	
Phone: () -	E-mail:		
Project Contact (Contractor, Equipment Supplier):			
Name:			
Address:			
City:	State	Zip Code	
Phone () -	E-mail:		
Signature of Owner or Authorized Agent	Printed Name		Date
			/ /
Submittal Information			
<ul style="list-style-type: none"> • Submit this information to: DuPage County Health Department Environmental Health Services 111 N. County Farm Road Wheaton, Illinois 60187 • Allow 20 business days from the date all documents are received, and fees paid, for a written response • Any changes in the plans after approval date require notification and approval • For further information, including a copy the "Food Service Design & Construction Handbook," please refer to https://www.dupagehealth.org/DocumentCenter/View/205/Construction-and-Design-Manual-PDF, or contact us at (630) 221-7045 			

SR	<i>For Remodels:</i>
IN	FA
AR	PT

Exhaust Hood Information Form (one form per hood)			
Exhaust Hood Specifications			
Make:			
Model Number:			
Hood Dimensions:			
Hood Type			
<input type="checkbox"/> Type I			
<input type="checkbox"/> Type II			
Hood Design			
<input type="checkbox"/> Wall Canopy		<input type="checkbox"/> Water Wash System	
<input type="checkbox"/> Island Canopy		<input type="checkbox"/> Ventilator	
Hood Specifications Checklist			
<i>Check to verify the following requirements have been met:</i>			
<input type="checkbox"/> Hood is NSF approved, stainless steel, factory engineered and fully credentialed			
<input type="checkbox"/> Exhaust systems have a minimum of 50 FPM capture velocity at the cooking surface			
<input type="checkbox"/> Tempered make-up air is provided for all hoods that exceed 1500 CFM exhaust			
<input type="checkbox"/> Front overhang is 12" (dimension taken from front edge of equipment to the front edge of hood)			
<input type="checkbox"/> Side overhangs are 12" or enclosed with walls or stainless steel side skirts			
<input type="checkbox"/> Stainless steel wall finish is provided beneath hood (from base of hood to cove base)			
<input type="checkbox"/> A stainless steel close off or arc is installed between obstruction(s) such as salamander(s) and the hood filter bank. (Shelving, pan racks or other equipment are not to be installed over grease producing pieces of equipment.)			
<input type="checkbox"/> Exposed horizontal piping is not installed below the filter bank material			
<input type="checkbox"/> Baffles or extractors are of the same type			
<input type="checkbox"/> Hoods located less than 18" from the ceiling or wall are closed off with approved material (such as stainless steel)			
<input type="checkbox"/> Data plate on hood matches specifications submitted			
Equipment Located Under the Hood			
List all equipment to be located under the hood – if not provided on equipment schedule listed on plans			
Equipment Number	Name of Equipment	Length	Depth
Totals for Measurements			