



Gillespie County Health Division

126 W. Main St Fredericksburg, TX 78624 | 830-997-7521 | www.fbgtx.org
 Physical Location: 1906 N. Llano St. Fredericksburg, TX 78624

Plan Review Application

Note: Unpaid and incomplete applications will not be processed and will be returned.

| | |
|--|---|
| Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion | Project Start Date: _____ Project Completion Date: _____ |
|--|---|

Type of Food Operation: Restaurant Institutional Daycare Retail Food Store Tasting Room
 Event Venue Caterer Other

Food Establishment Information

Name of Establishment: _____

| | | | |
|------------------------------|-------------|--------------|------------|
| Establishment Address: _____ | City: _____ | State: _____ | Zip: _____ |
|------------------------------|-------------|--------------|------------|

Ownership Information

Name of Owner: _____

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|--------------|---------------------|
| Email: _____ | Phone Number: _____ |
|--------------|---------------------|

Applicants Information (e.g., Architect/ Engineer)

| | |
|-----------------------|-----------------------|
| Applicant Name: _____ | Contact Person: _____ |
|-----------------------|-----------------------|

| | | | |
|----------------------------------|-------------|--------------|------------|
| Applicant Mailing Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------------------------|-------------|--------------|------------|

| | |
|--------------|---------------------|
| Email: _____ | Phone Number: _____ |
|--------------|---------------------|

Food Operation Information

| | | | |
|---|--|---|--|
| Hours/Days Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____ | Restaurant Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____ Employees Total employees full and part time: _____ | Type of Service (Check all that apply) <input type="checkbox"/> On-Site Consumption <input type="checkbox"/> Off-Site Consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____ | Plan Review Application Fee Tier 1 (1-5 employees) \$100 Tier 2 (6-19 employees) \$200 Tier 3 (20+ employees) \$300 Application Fee (tier 1, 2, or 3) \$ _____ Number of HACCP Plans ____ X \$100 = \$ _____ *HACCP Plan Review Fee \$100 per plan <p style="text-align: right;">Total = \$ _____</p> Date Paid: _____ Payment Method: _____ |
|---|--|---|--|

The following documents must be submitted along with this application:

Proposed menu or complete list of food and beverages to be offered (including seasonal, catering, and banquet menus)

Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:

- The floor plan must clearly identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial, and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system if applicable).
- Provide equipment layout and specifications, clearly numbered and cross-keyed with equipment list. *Elevation drawings may be requested by the regulatory authority.*
- Identify handwashing, warewashing, and food preparation sinks.
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, mop sink, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
- Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
- Lighting plan as required by the FDA Food Code.
- Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

HACCP Plans and Variance is required if any specialized process is planned. HACCP Plan and Variance must be submitted and approved BEFORE specialized process can be conducted on site. Section 228.76 in The Texas Food Establishment Rules (TFER) requires a food establishment to obtain a variance for specialized processing methods from the department as specified in 228.243 (a) and (b) of this title before:

- Smoking food as a method of food preservation rather than as a method of flavor enhancement;
- Curing food;
- Using food additives or adding components such as vinegar: to preserve/render non-time/temperature control for safety food;
- Packaging time/temperature control for safety food using Reduced Oxygen Packaging method except where the growth of Clostridium botulinum and Listeria Monocytogenes are controlled;
- Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption;
- Custom processing animals that are for personal use as food and not for sale or service in a food establishment;
- Preparing food by another method that is determined by the regulatory authority to require a variance; or
- Sprouting seeds (such as alfalfa or wheat grass) or beans in a retail food establishment.

Note: A color coded flow cart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

***In the event modifications need to be made after plan has been approved; Gillespie County Health Division must be contacted in writing. Depending on the level of modifications required a new Plan Review Application may be required.**

Signature:

Date:

Print Name:

Title:

Gillespie County Information

Public Water System:

PWS # or TCEQ Plan Review #:

The following items must be included with plans

1. Floor Plan with details including detailed equipment list/legend, floor measurements, distance markers between hand sinks, and exterior and interior plans (sample floor plan has been included)
2. Proposed menu
3. HACCP plans if required per menu items and processes
4. Certified DSHS approved Food Managers Certificate

Helpful Information

1. Complete a final inspection (check list is included in the plan review packet)
2. Must schedule building inspection, fire marshal inspection and the final health inspection
3. Complete Retail Food Application/ Institutional Health Application
4. Visit Sanitation & Floodplain offices (outside city limits only) Inside City Limits must finish application and steps accordingly to MGO.
5. Pay all requires fees.

Helpful Development Contacts

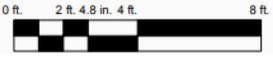
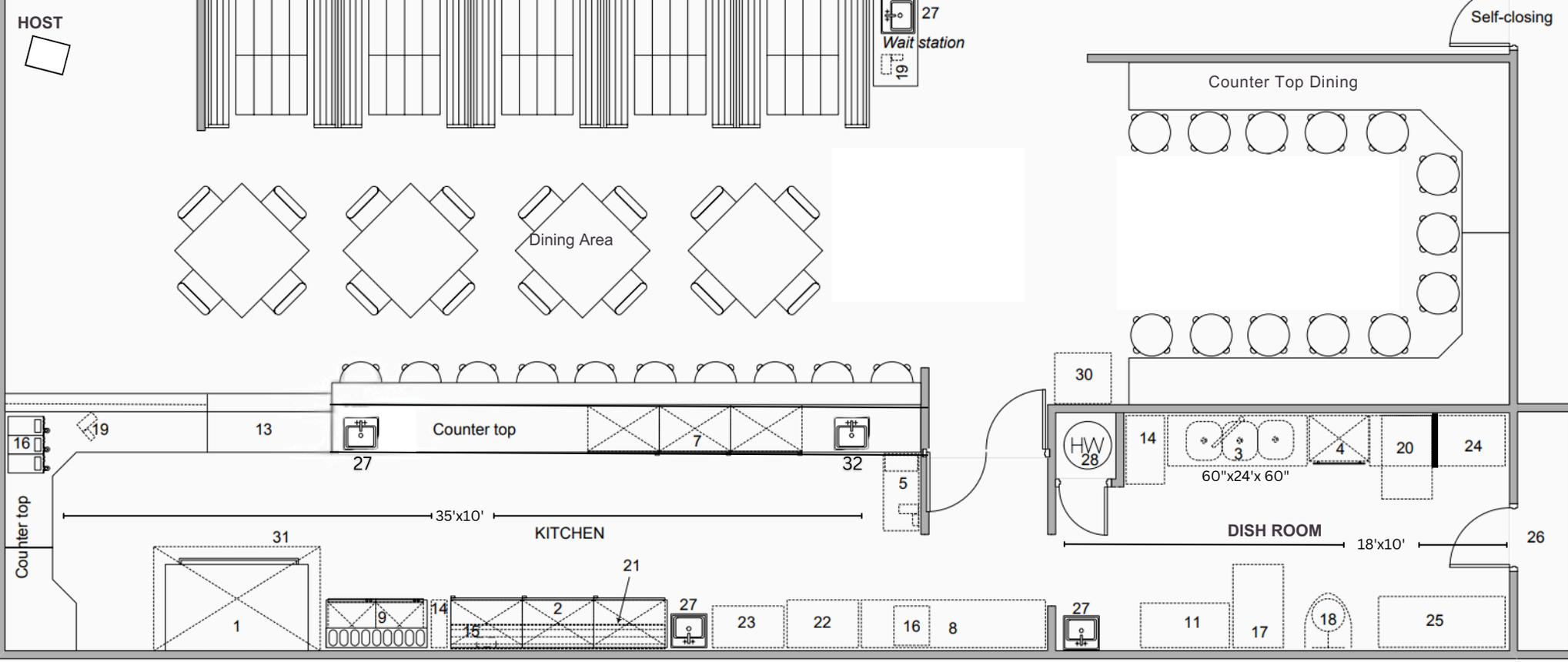
| City Limits | Outside City limits |
|--|--|
| Gillespie County Health Division 1906 N. Llano St. Fredericksburg, TX 78624 Kelli Olfers Director of Gillespie County Health Division health@fbgtx.org 830-990-2027 | |
| Texas Alcoholic Beverage Licenses Inside City Limits of Fredericksburg Office of City Secretary 830-997-7521 | Gillespie County OSSF, Floodplain, & Septic Permits 101 W Main St. Fredericksburg, TX 78624 ossf@gillespiecounty.org 830-997-8191 |
| City of Fredericksburg Development Services 830-997-7521 | Gillespie County OSSF, Floodplain, & Septic Permits 101 W Main St. Fredericksburg, TX 78624 ossf@gillespiecounty.org 830-997-8191 |
| City of Fredericksburg Fire Marshal Raegan Rabke rrabke@fbgtx.org 830-990-2034 | Gillespie County Fire Marshal Steve Olfers solfers@gillespiecounty.org 830-889-0022 |
| AgriLife Extension Service Office- Gillespie County Food Handlers and Certified Food Manager's class 830-997-3452 www.gillespie.agrilife.org | Texas Commissions on Environmental Quality/ Public Water Supply- Region 13 210-490-3096 www.TCEQ.Texas.gov |
| City of Fredericksburg Utilities 830-997-7521 www.fbgtx.org | Central Texas Electric Co-op 322-347-6314 www.CTEC.coop |
| City of Fredericksburg City Hall 126 W. Main St Fredericksburg, TX 78624 830-997-7521 www.fbgtx.org | Hill Country Underground Water Conservation District 508 S. Washington St. Fredericksburg, TX 78624 hcuwcd@austin.rr.com 830-997-4472 |

Gillespie County Health Division- Sample Establishment Floor Plan



- | | | |
|---|---|---------------|
| 1. Pizza Oven (under req. Hood Type) | 17. Stainless steel baker's table | 32. dump sink |
| 2. Pizza Cold Prep table | 18. Mixer 60 quart | |
| 3. 3-Compartment sink (w/ drain boards) | 19. Point of Sale (POS) | |
| 4. Dishwasher w/ vent hood | 20. Dry rack | |
| 5. Stainless steel table | 21. Clean Plate shelf | |
| 6. Dirty wares rack/table | 22. Refrigeration | |
| 7. Under counter Keg cooler | 23. Deli Slicer on stainless steel table | |
| 8. Stainless steel low boy cooler | 24. Mop Sink | |
| 9. Sandwich Prep Table | 25. Double-door Upright Freezer | |
| 10. Juke Box | 26. Walk-In Fridge | |
| 11. Ice machine (w/ DCV RPZ) | 27. Hand sink | |
| 12. Chill cooler for plates & glasses | 28. Water Heater | |
| 13. Pizza hot display | 29. Exhaust fan | |
| 14. Trash Can | 30. Self-serve soda machine (w/ DCV RPZ) indirect connect | |
| 15. Order up screen for food handlers | 31. Specified "Type" of Pizza oven vent hood | |
| 16. Espresso Machine (w/ DCV) | Show Dumpster location (placed on asphalt or concrete) | |

All outer doors required to be sealed and self-closing





Gillespie County Health Division

Plan Review Application

Regulatory Compliance Review List Food Preparation Procedures

FOOD DELIVERY

1. How often will frozen foods be delivered? *Circle one.* **Daily Weekly Other:** _____
2. How often will refrigerated foods be delivered? *Circle one.* **Daily Weekly Other:** _____
3. How often will dry foods or supplies be delivered? *Circle one.* **Daily Weekly Other:** _____

FOOD STORAGE*- Identify the amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41F°) _____; Frozen Storage _____ and Utensil/Equipment Storage _____

*Identify on plans where storage will be located.

Instructions: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

| PROCESS | IDENTIFY FOOD ITEMS | INDICATE LOCATION AND EQUIPMENT | MEETS CRITERIA <i>Regulatory Authority to Circle and Initial</i> |
|---|---------------------|---------------------------------|---|
| Washing Texas Food Establishment Rules §228.66 (e) (1) | | | YES/NO |
| Thawing Texas Food Establishment Rules §228.75 (c) | | | YES/NO |

| PROCESS | IDENTIFY FOOD ITEMS | INDICATE LOCATION AND EQUIPMENT | MEETS CRITERIA <i>Regulatory Authority to Circle and Initial</i> |
|---|---------------------|---------------------------------|--|
| Cooking Texas Food Establishment Rules §228.71 | | | YES/NO |
| Hot Holding Texas Food Establishment Rules §228.75 (f) | | | YES/NO |
| Cooling Texas Food Establishment Rules §228.75 (d) | | | YES/NO |
| Reheating Texas Food Establishment Rules §228.73 | | | YES/NO |

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

| <p>TOPIC</p> | <p>MINIMUM CRITERIA</p> | <p>MEETS CRITERIA <i>Regulatory Authority to Circle and Initial</i></p> |
|--------------------------------------|---|--|
| <p>Handwashing Facilities</p> | <ul style="list-style-type: none"> Identify number of the handwashing sinks in food preparation and warewashing area: ____ food preparation ____ warewashing area. Type of hand drying device? <input type="checkbox"/> Disposable Towels <input type="checkbox"/> Hand-drying device | <p>YES/NO</p> |
| <p>Warewashing Facilities</p> | <p>Manual Dishwashing</p> <ul style="list-style-type: none"> Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ Will the large pot/pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of the items that will not fit into sink compartments? _____ Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of drying space: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>YES/NO</p> |
| <p>Water Supply</p> | <ul style="list-style-type: none"> Is the water supply public or non-public/private? <input type="checkbox"/> public <input type="checkbox"/> non-public/private <ul style="list-style-type: none"> ➤ If private, has source been approved by TCEQ? <input type="checkbox"/> Yes* <input type="checkbox"/> No ➤ *Attach copy of written approval and/permit. Is ice made on premises or purchases commercially? <input type="checkbox"/> Made on-site? <input type="checkbox"/> Purchased Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>YES/NO</p> |
| <p>Sewage Disposal</p> | <ul style="list-style-type: none"> Is the sewage system public or non-public/private? <input type="checkbox"/> public <input type="checkbox"/> non-public/private If private, has the sewage system been approved? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Attach copy of written approval and/or permit Will grease traps/interceptors be provided? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Identify on plan Is the mop sink identified on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>YES/NO</p> |
| <p>Backflow Prevention</p> | <ul style="list-style-type: none"> Will all potable water sources be protected for backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all floor drains identified on the submit floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>YES/NO</p> |

| | | |
|---|--|--------|
| Toilet Facilities | <ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? <input type="checkbox"/>Yes <input type="checkbox"/>No | YES/NO |
| Dressing Rooms | <ul style="list-style-type: none"> • Will dressing rooms be provided? <input type="checkbox"/>Yes <input type="checkbox"/>No • Describe storage facilities for employee personal belongings: _____ | YES/NO |
| Linens | <ul style="list-style-type: none"> • Will linens be laundered on site? <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> ➢ If yes, what will be laundered and where? _____ ➢ If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? _____ | YES/NO |
| Poisonous/Cleaning Storage | <ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solution be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ | YES/NO |
| Pest Control | <ul style="list-style-type: none"> • Will all outside doors be self -closing and rodent proof? <input type="checkbox"/>Yes <input type="checkbox"/>No • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA • Will insect control devices be used? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p> | YES/NO |
| Refuse, Recyclables, and Returnables | <ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or compacter be used? <input type="checkbox"/>Dumpster <input type="checkbox"/>Compacter • Identify locations of grease storage containers: _____ | YES/NO |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Will there be an area to store recyclables? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, where _____ | |
|--|---|--|

FINISH SCHEDULE

Instructions: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tiles, 4" plastic coved molding, etc.) Indicate Not Applicable (NA) as appropriate.

| ROOM/AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING | MEETS CRITERIA <i>Regulatory Authority to Circle and Initial</i> |
|------------------|-------|------------------------|-------|---------|---|
| Food Preparation | | | | | YES/NO |
| Dry Food Storage | | | | | YES/NO |
| Warewashing Area | | | | | YES/NO |
| ROOM/AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING | MEETS CRITERIA <i>Regulatory Authority to Circle and Initial</i> |

| | | | | | |
|--|--|--|--|--|--------|
| Walk-in Refrigerators and Freezers | | | | | YES/NO |
| Refuse Area | | | | | YES/NO |
| Toilet Rooms and Dressing Rooms | | | | | YES/NO |
| Other: Indicate | | | | | YES/NO |
| Identify the finishes of the cabinets, countertops, and shelving: | | | | | |
| | | | | | |

Resource:

Texas Food Establishment Rules: <https://dshs.texas.gov/foodestablishments/pdf/Laws/228TFER10022015/>

Walk- In Refrigerated Storage

$$\text{Estimated Space Needed (Cu. Ft.)} = \frac{\text{Volume per Meal (Cu. Ft.)} \times \text{Number Meals Served between Deliveries}}{0.40}$$

Note: Only 40% of any walk-in unit actually provides usable space.

$$\text{Estimated Space (Cu. Ft.)} = \frac{\text{Size of Cooler Needed (Sq. ft)}}{\text{Height of Cooler (ft)}}$$

Examples:

1. The number of meals between deliveries= 1000 (100 meals per day X 10 days between deliveries).
Volume per meal= 0.1 cubic feet.

$$0.1 \text{ ft}^3 \text{ vol.} \times 1000 \text{ meals} = 100 \text{ ft}^3$$

$$\frac{100 \text{ ft}^3}{0.40} = 250 \text{ ft}^3 \text{ Usable Space Needed}$$

2. The usable space needed for the walk-in is 250 cubic feet. The cooler has a 6 foot high ceiling.

$$\frac{250 \text{ ft}^3 \text{ Usable space needed}}{6 \text{ ft ceiling height}} = 41 \text{ft}^2 \text{ Sized Cooler Needed}$$

Reach In Refrigerated Storage

$$\text{Estimated Space Needed (Cu. ft.)} = \frac{\text{Volume per Meal (Cu. ft.)} \times \text{Number Meals Served between Deliveries}}{0.75}$$

Note: Only 75% of any reach-in unit actually provides usable space.

Example:

1. The number of meals between deliveries = 1000 (100 meals per day X 10 days between deliveries). Volume per meal = 0.1 cubic feet.

$$0.1 \text{ ft}^3 \text{ vol.} \times 1000 \text{ meals} = 100 \text{ ft}^3$$

$$\frac{100 \text{ ft}^3}{0.75} = 133.3 \text{ft}^3 \text{ Estimated Space Needed}$$

Hot Water Demand

| | |
|---|---|
| <p>Gallons Per Hour (GPH)=</p> $\frac{\text{Sink Size in}^3 \times 7.5 \text{ gal/ft}^3 \times (\text{Number of compartments} \times 0.75 \text{ capacity})}{1728 \text{ in}^3 / \text{ft}^3}$ <p>OR</p> $\text{Sink Size in}^3 \times \text{Number components} \times 0.003255 \text{ in}^3$ | |
| <p>British Thermal Units (BTU) =</p> $\frac{\text{GPH} \times \text{°Rise} \times 8.33 \text{ lb./gal of water}}{\text{Thermal Efficiency}}$ | <p>Kilo-Watt (KW) Input =</p> $\frac{\text{GPH} \times \text{°Rise} \times 8.33 \text{ lb./gal of water}}{3412 \text{ BTU per KW}}$ |

Example:

1. How many BTU's or KW's will the booster heater need to raise the incoming hot water (140°F) to 180°F for the final rinse temperature if the dishwasher requires 64 GPH?

$$\frac{64 \text{ GPH} \times 40^\circ\text{F Rise} \times 8.33}{0.70 \text{ (operating efficiency)}} = 30,464 \text{ BTU}$$

$$\frac{64 \text{ GPH} \times 40^\circ\text{F Rise} \times 8.33}{3412 \text{ BTU per KW}} = 6.2 \text{ KW}$$

PLAN REVIEW FORMULAS

$$\text{Required Storage Area (Sq. ft.)} = \frac{\text{Volume per Meal (0.1 cu. ft.) X Number Meals between Deliveries}}{\text{Avg. Height of Area (ft.) X Fraction of Usable Floor Area}}$$

Example: 7 ft high ceiling, shelves 6" off the floor, 18" from ceiling usable height 5 ft

Usable Floor Space: Depends on door swings, overhead sewer lines, electrical boxes, etc.

Examples:

1. The number of meals between deliveries= 1,000 (100 meals per day X 10 days between deliveries). A **small fraction (3/10ths) of usable storage space** in a storeroom that has 5 feet in usable height.

$$\frac{0.1 \text{ cu. ft. X } 1000 \text{ meals}}{5 \text{ ft X } 0.3} = 66.67 \text{ ft}^2 \text{ Required Storage Area}$$

2. The number of meals between deliveries= 1,000 (100 meals per day X 10 days between deliveries). A **larger fraction (6/10ths) of usable storage space** in a store room that has 5 feet in usable height.

$$\frac{0.1 \text{ cu. ft. X } 1000 \text{ meals}}{5 \text{ ft X } 0.6} = 33 \text{ ft}^2 \text{ Required Storage Area}$$

$$\text{Linear Feet of Shelving Required (ft.)} = \frac{\text{Volume per Meal (0.1 cu. ft.)} \times \text{Number Meals between Deliveries}}{D \times H \times C}$$

D= Depth of Shelves (ft.)

H= Clearance between shelves (ft.)

C= 80% effective capacity of shelf height

Examples:

1. Assume 400 meals per day and a 10 day storage between deliveries = 4,000 meals. Volume of 0.1 cu. ft. per meal, shelf depth of 18 inches, clearance of **12 inches** between shelves and 80% capacity of shelf height.

$$\frac{0.1 \text{ cu. ft.} \times 4000 \text{ meals}}{1.5 \text{ ft.} \times 1 \text{ ft.} \times 0.80} = 333 \text{ ft Shelving Needed}$$

2. Assumer 400 meals per day and a 10 day storage between deliveries = 4,000 meals. Volume of 0.1 cu. ft. per meal, shelf depth of 18 inches, clearance of **18 inches** between shelves and 80% effective capacity of shelf height.

$$\frac{0.1 \text{ cu. ft.} \times 4000 \text{ meals}}{1.5 \text{ ft.} \times 1.5 \text{ ft.} \times 0.80} = 222 \text{ ft Shelving Needed}$$



Gillespie County Health Division

126 W. Main St. Fredericksburg, TX 78624 | 830-997-7521 | Health@fbgtx.org
Physical Location: 1906 N. Llano St. Fredericksburg, TX 78624

Request for Final Inspection Checklist

If reinspection is required/requested, a reinspection fee of \$150 will be due before scheduling reinspection

Once each box is completed contact the Gillespie County Health Division to schedule a final inspection:

- All employees successfully obtained Food Handlers certification with documentation on site.
- At least one food manager certification for an employee that works at the establishment. This must be posted in a visible location to the general population. Also provide a copy to the Gillespie County Health Division.
- All equipment is installed as illustrated in plan submitted for plan review.
- Facility was built according to plans submitted to Gillespie County Health Division.
- Floors, walls, shelves, and all surfaces are sealed and ready for service.
- Handwash sinks are stocked with soap, paper towels, and hand wash signs, including restrooms.
- Thermometers installed in refrigeration units and available for cooking.
- Sanitizer measuring devices/strips are available for commercial dishwashers and sanitizer buckets.
- Self-closures are installed on exterior doors and restrooms.
- Menu is available with disclosure statement. Copy is available to submit with application.
- Inspections scheduled/completed with building official & fire marshal.
- Waste service contract/plan is in place for trash disposal.
- Pest Control is in place for integrated pest control management, with copy of receipt/contract for documentation.
- If applicable, HACCP plans have been submitted, approved & onsite with continued documentation.

In addition, if the property is outside of city limits:

- Provide a recent well test from a TCEQ certified lab within the last month and documentation of progress with TCEQ. PWS# or TCEQ plan review #: _____
- Provide a letter of approval that onsite septic is approved through the Gillespie County On-site Sewage Facilities Office for proposed services. 830-997-8191.

Once each box is completed. Sign and submit to schedule a final inspection.

Establishment name: _____ Phone: _____

Establishment address: _____

Owner Representative Name (Print): _____ Phone: _____

Email address: _____

Owner/Representative signature: _____ Date: _____

IF REINSPECTION IS REQUESTED DUE TO ITEM NOT HAVING BEEN COMPLETED, A \$150 REINSPECTION FEE WILL BE ASSESSED AND WILL NEED TO BE PAID BEFORE SCHEDULING REINSPECTION.