



**City of Edina, Minnesota
DEPARTMENT OF HEALTH**

4801 West 50th Street · Edina, Minnesota 55424-1394 · (952) 826-0370 · FAX (952) 826-0390

Food Establishment Plan Review Application www.cityofedina.com

Please Print or type.

Establishment Name: _____

Establishment Address:

Owner: _____ e-mail: _____

Address: _____ Phone:

Primary contact for plan approval process: _____

Address: _____ Phone: _____ e-mail: _____

Primary contact at job site:

Address: _____ Phone: _____ e-mail:

Zoning, Signage, Alcohol approvals started: Yes No

Health Dept: submit one set of complete plans, equipment, drawings, spec sheets, planned menu, food flow plan, etc.

of seats _____ # seats at bar _____ # meals served per day _____

Fee paid: _____

*New: 100% of license fee
*Remodel: 50% of license fee
* Minimum=\$100.00 (2009)

Plans received, complete: _____

Final construction inspection approval: _____

License application & fee paid: _____

DATA SHEET

Hot Water Supply: Note-Maximum permitted temperature at handsinks is 130° F mixing valves if main heater is set over 130°F.

Water Heater make and model _____.

1. Water Heater recovery at 100° F rise _____ gal/hr.

2. Water Heater storage tank size _____ gal

Total = _____ max. supply

Water Usage: Dishwasher make and model _____.

3. General purpose hot water usage _____ gal/hr.

4. Dishwasher hot water usage _____ gal/hr.*

Total = _____ peak usage.

Usage and supply must be approximately equal if dishwasher peak usage lasts more than one hour.

Storage Space:

	Number of of Meals per Day	Number of of Days of Storage	Shelving Floor Area Needed*	Shelving Floor Area Provided On Plan*
Dry Storage =	.05X_____	X_____	=_____ sq.ft.	_____ sq.ft.
Walk-In Cooler =	.05X_____	X_____	=_____ sq.ft.	_____ sq.ft.
Walk-In Freezer =	.02X_____	X_____	=_____ sq.ft.	_____ sq.ft.

*assuming shelving sets are three-tiered