

PUBLIC HEALTH PLAN REVIEW CHECKLIST & SUPPLEMENTAL INFORMATION SHEET FOR MOBILE FOOD TRAILERS

CHECK LIST

REQUIRED	Completed Plan Review Application: All sections must be completely filled out.	<input type="checkbox"/>
FLOORPLAN		
REQUIRED	<ul style="list-style-type: none"> Completed floor plan of entire mobile unit, indicating all essential equipment requirements for hand sink (s), three (3) compartment sink, fresh water holding tank, AND waste tanks. This must include equipment layout with equipment labeled or a legend. Kitchen waste tanks must be 50% larger than the fresh water tank. 	<input type="checkbox"/>
REQUIRED (if applicable)	Kentucky State Plumbing standards for water heaters	<input type="checkbox"/>
REQUIRED	Isometric drawing (riser diagram) to meet Kentucky State Plumbing Code. Riser diagram must show all sinks, tanks & water heater.	<input type="checkbox"/>
REQUIRED	Under the sink grease trap plumbed to meet Kentucky State Plumbing Code OR A Waiver from the Regional Water Resource Agency (RWRA) waving grease trap requirement.	<input type="checkbox"/>
SUPPLEMENTAL INFORMATION FOR HEALTH & WELLNESS REVIEW		
OPTIONAL	Please provide an email address, Phone number, &/or fax number. This information will reduce delays in the process if I need additional information. _____ _____	<input type="checkbox"/>
➤ Please note a Master Plumber is required to pull permits on all commercial businesses.		

The following requirements must be met before a permit can be issued:

- Three compartment sink
- Waste tank 50% larger than the freshwater tank
- Hand sink
- Hot & cold water under pressure
- Toilet facilities are to be available near the area of operation
- Plans are approved by your local health department and the State Plumber
- Layout of equipment including: refrigeration units, cooking equipment (stoves, ovens, fryers, etc.), and steam tables for hot-holding
- Screening or air curtains to prevent entrance of flying insects
- Shielded light fixtures

*Submit plans to your local health department.

*Once approved, mobile unit must be brought to your local health department Monday-Friday between 8 A.M and 9:30 A.M. The inspector must be able to verify all necessary fixtures are working properly which includes: hot and cold running water and refrigeration units. Questions please call 270-852-5571

