



Cochise County Environmental Health
PERMIT APPLICATION

Plan Review Process

New Food Establishment, New Operator or Renovations requiring Plan Review



Applicant obtains a Permit Application and Plan Review Packet available on-line, at an office or by phone request.

Schedule initial review/consult with inspector for additional questions or assistance.

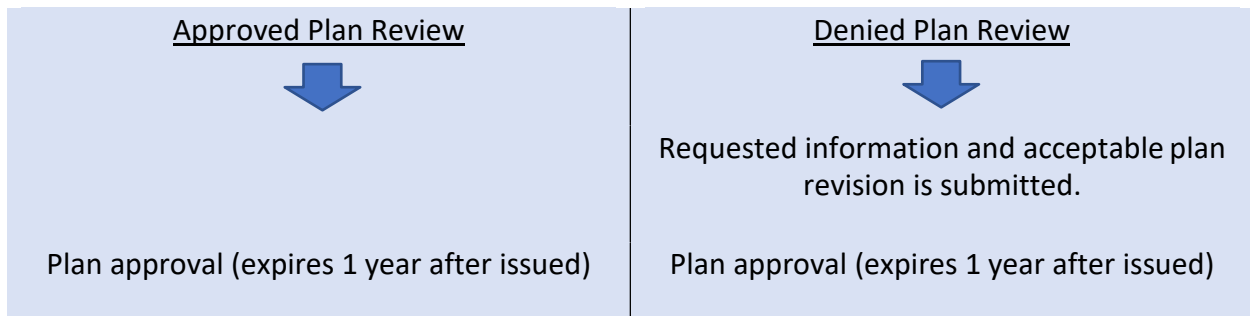


Submit **COMPLETED** Plan Review Packet and pay \$300.00 (Fixed Food Establishment)
\$200.00 (Mobile Food Unit) review fee

Additional documents needed refer to checklist on next page.



Plan Review reviewed by Cochise County EH within 30 business working days



Applicant contacts Cochise County EH for construction and pre-operational inspections.



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Checklist of Additional Documentation

Fixed Food Establishment

****These documents MUST be submitted along with Plan Review Packet****

1. **Proposed menu** (include seasonal, off site and banquet menu)
Document(s) attached Yes No

2. **Manufactured specifications sheets** for each piece of equipment shown on plan
Document(s) attached Yes No

3. **Site plan** showing locations of business in building, location of building on site including alleys, streets, and location of any outside equipment (dumpsters, well, septic system if applicable).
Document(s) attached Yes No

4. **Plan drawn to scale of food establishment** showing location of equipment, plumbing, electrical services, and mechanical ventilation. Location of three compartment sink(s), hand washing sink(s) and mop sink(s).
Document(s) attached Yes No

5. **Equipment schedule**
Document(s) attached Yes No



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Checklist of Additional Documentation

Mobile Food Unit

****These documents MUST be submitted along with Plan Review Packet****

1. **Proposed menu** (Including seasonal, off-site and banquet menus)
Document(s) attached Yes No
2. **Cochise County Permit Application (page 1-3)** Document(s)
attached Yes No
3. **Commissary Agreement** Document(s) attached Yes No
4. **Certified Food Protection Manager (CFPM)** Document(s) attached Yes No
5. **Plan draw to scale for Mobile Food Unit** showing location of equipment,
plumbing, electrical services, and mechanical ventilation. Location of three
compartment sink(s), hand washing sink(s) and mop sink(s).
Document(s) attached Yes No
6. **Manufactured specifications sheets** for each piece of equipment shown on plan
Document(s) attached Yes No
7. **\$200.00 Plan Review Fee** Document(s) attached Yes No



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ARS Section 11-1604

- A.** A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirements or condition.
- B.** Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C.** This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.
- D.** A county shall not request or initiate discussions with a person about waiving that person's rights.
- E.** This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.
- F.** A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.
- G.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

It is agreed the above-named business will be conducted in accordance with the appropriate State & County Health Department Regulations.

Signature: _____

Date: _____



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Type of Work (Please check one)		Date:
<input type="checkbox"/> New Construction <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Mobile Food Unit (please list *Commissary Information)	<input type="checkbox"/> Reopening Existing Facility that has been closed <input type="checkbox"/> Remodeling Existing Facility <input type="checkbox"/> Name Change	
Name of Facility:	Phone:	
Physical Address of Facility:		
Mailing Address (for billing purposes):		
Email:		
Business Owner or Corporation Name:		
*Commissary Information-Mobile Food Unit		
Name of Commissary:		
Address:		
Contact person:	County:	
Phone:	Permit#:	
<u>TYPES OF PERMITTED FACILITIES:</u> <input type="checkbox"/> Bakery <input type="checkbox"/> Day Care Eating <input type="checkbox"/> Drinking Establishment <input type="checkbox"/> Eating Establishment <input type="checkbox"/> Institutional Eating <input type="checkbox"/> Detention Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Meat Market <input type="checkbox"/> Food Bank	<input type="checkbox"/> School Eating <input type="checkbox"/> Satellite (serving) Kitchen <input type="checkbox"/> Full Kitchen <input type="checkbox"/> School Campus (safety inspection) <input type="checkbox"/> Children's Camp <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Food Processor <input type="checkbox"/> Mobile Home/RV Park # of spaces_____	<input type="checkbox"/> Spa Only <input type="checkbox"/> Swimming Pool Only <input type="checkbox"/> Pool/Spa Combination # of pool/spas_____
<input type="checkbox"/> Septic Pumper # of trucks_____		
<input type="checkbox"/> Motel/Hotel/B&B/Lodging # of rooms_____		



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ESTABLISHMENT INFORMATION	
Hours of Operation	
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Number of Seats:	
Number of Staff:	
Total Square Feet of Facility:	
Number of Floors on which operations are conducted	
Maximum Meals to be served (approximate number)	
Breakfast:	
Lunch:	
Dinner:	
Number of Seats:	
Number of Staff:	
Total Square Feet of Facility:	
Projected Start Date of Project:	
Projected Completion Date of Project:	
Type of Service (check all that apply)	
Sit Down Meals <input type="checkbox"/>	
Take Out <input type="checkbox"/>	
Caterer <input type="checkbox"/>	
Mobile Vendor <input type="checkbox"/>	
Other (Additional Information) <input type="checkbox"/>	



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FOOD PREPARATION REVIEW	
Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served:	
CATEGORY*	
Thin meats, poultry, fish eggs, (hamburger, sliced meats, fillets) <input type="checkbox"/>	
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams) <input type="checkbox"/>	
Cold processed foods (salads, sandwiches, vegetables) <input type="checkbox"/>	
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) <input type="checkbox"/>	
Bakery goods (pies, custards, cream filling & toppings) <input type="checkbox"/>	
Other	
*A generic HACCP plan for each category of food may be available for the regulatory authority for reference.	
FOOD SUPPLIES	
Are all food supplies for inspected and approved sources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the projected frequencies of deliveries	
Frozen foods:	
Refrigerated foods:	
Dry goods:	
Provide information on the amount of space allocated for	
Dry storage (square feet):	
Refrigerated storage (cubic feet):	
Frozen storage (cubic feet):	
How will dry goods be stored off the floor?	
COLD STORAGE	
Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41 degrees and below?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will raw meats, poultry and seafood be stored in the refrigerators and freezers with cooked/ready-to-eat foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each refrigerator/freezer have a thermometer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of refrigerator units:	
Number of freezer units:	
Is there bulk ice machine available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
THAWING FROZEN POTENTIALLY HAZARDOUS FOOD	
Please indicate by the checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.	
Thawing Method for Thick Frozen Foods (approximately more than an inch)	
Refrigeration <input type="checkbox"/>	
Running Water less the 70 degrees <input type="checkbox"/>	
Microwave (as part of cooking process) <input type="checkbox"/>	
Cooked from Frozen state <input type="checkbox"/>	
Other (describe):	



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Thawing Method for Thick Frozen Foods (approximately less than an inch)	
Refrigeration <input type="checkbox"/>	
Running Water less the 70 degrees <input type="checkbox"/>	
Microwave (as part of cooking process) <input type="checkbox"/>	
Cooked from Frozen state <input type="checkbox"/>	
Other (describe):	
COOKING	
Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of temperature measuring device?	
List types of cooking equipment:	
HOT/COLD HOLDING	
How will hot PHF's be maintained at 140 degrees or above during holding service? Indicate type and number of hot holding units	
How will cold PHF's be maintained at 41 degrees or below during holding for service? Indicate type and number of cold holding units	
COOLING	
Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 degrees with 6 hours (140 degrees to 70 degrees in 2 hours and 70 degrees to 41 degrees in 4 hours). Also, indicate where the cooling will take place.	
Shallow Pan	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Ice Baths	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Reduce Volume or Size	



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Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Rapid Chill	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Other (describe):	
REHEATING	
How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the reach a temperature of at least 165 degrees for 15 seconds. Indicate type and number of units used for reheating foods:	
How will reheating food to 165 degree for hot holding be done rapidly and within 2 hours?	
PREPARATION	
Please list categories of foods prepared more than 12 hours in advance of service:	
Will food employees be trained in good food sanitation practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Method of training:	
Number(s) of employees:	
Dates of completion:	
Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? Please describe briefly:	



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Will employees have paid sick leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?	
Chemical type:	
Concentration:	
Test Kit:	
Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will all produce be washed on-site prior to use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a planned location used for washing produce?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the procedures used for minimizing the length of time PHF's will be kept in the temperature danger zone (41-140 degrees) during preparation:	
Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.	
HACCP plan (attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the facility be serving food to a highly susceptible population?	Yes <input type="checkbox"/> No <input type="checkbox"/>
FINISH SCHEDULE	
Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic cover molding, etc.) will be used in the following areas	
Kitchen	
Floor:	
Coving:	
Walls:	
Ceilings:	
Bar	
Floor:	
Coving:	
Walls:	
Ceilings:	
Food Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Other Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Toilet Rooms	



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Floor:	
Coving:	
Walls:	
Ceilings:	
Dressing Rooms	
Floor:	
Coving:	
Walls:	
Ceilings:	
Garbage & Refuse Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Mop Service Basin Area	
Floor:	
Coving:	
Walls:	
Ceilings:	
Warewashing Area	
Floor:	
Coving:	
Walls:	
Ceilings:	
Walk-in Refrigerator and Freezers	
Floor:	
Coving:	
Walls:	
Ceilings:	
INSECT AND RODENT CONTROL	
Will all outside doors be self-closing and rodent proof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all openable windows have a minimum #16 mesh screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the placement of electrocution devices identified on the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust, and intakes protected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will air curtains be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
GARBAGE AND REFUSE	
Inside	
Do all containers have lids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will refuse be stored inside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an area designated for garbage can or floor mat cleaning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside	



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Will a dumpster be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will a compactor be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will garbage cans be stored outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe surface and location where dumpster/compactor/garbage cans be stored?	
Describe location of grease storage receptacle:	
Is there an area to store recycled containers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate what materials are required to be recycled	
Glass <input type="checkbox"/>	
Metal <input type="checkbox"/>	
Paper <input type="checkbox"/>	
Cardboard <input type="checkbox"/>	
Plastic <input type="checkbox"/>	
Is there any area to store returnable damaged goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
PLUMBING CONNECTIONS	
Toilet	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Urinals	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Dishwasher	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Garbage Grinder	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Ice Machines	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Ice Storage Bin	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Sinks	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Steam Tables	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Dipper Wells	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Refrigeration Condensate/Drain Lines	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Hose Connections	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Potato Peeler	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Beverage Dispenser w/carbonator	
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/> Condensate Pump <input type="checkbox"/> Integral Trap <input type="checkbox"/> P Trap <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/>
Other	



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<p>*TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture. A "P" Trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.</p>	
Are floor drains provided & easily cleanable? If so, indicate location	Yes <input type="checkbox"/> No <input type="checkbox"/>
WATER SUPPLY	
Is the water supply:	
Public <input type="checkbox"/>	
Private <input type="checkbox"/>	
If private, has source been approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach copy of written approval and/or permit (document attached)	
Is ice made on premises <input type="checkbox"/> or purchased commercially <input type="checkbox"/> ?	
What is the capacity of the hot water generator?	
Is the hot water generator sufficient for the needs of establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide calculations for necessary hot water:	
Is there a water treatment device?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are backflow prevention devices inspected & serviced?	
SEWAGE DISPOSAL	
Is building connected to a municipal sewer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, is disposal system approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach copy of written approval and/or permit (document attached)	
Are grease traps provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DRESSING ROOMS	
Are dressing rooms provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.)	
GENERAL	
Are insecticides/rodenticides stored separately for cleaning & sanitizing agents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate location:	
Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all containers of toxics including sanitizing spray bottles clearly labeled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will linens be laundered on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a laundry dryer available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of clean linen storage:	



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Location of dirty linen storage:	
Are containers constructed of safe materials to store bulk food products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate type:	
Indicate all areas where exhaust hoods are installed	
Location:	
Filters and/or extraction devices:	
Square feet:	
Fire protection:	
Air Capacity CFM:	
Air Makeup CFM:	
Location:	
Filters and/or extraction devices:	
Square feet:	
Fire protection:	
Air Capacity CFM:	
Air Makeup CFM:	
How is each listed ventilation hood system cleaned?	
SINKS	
Is a mop sink present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the menu dictates, is a food preparation sink present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DISHWASHING FACILITIES	
Will sink(s) <input type="checkbox"/> or a dishwasher <input type="checkbox"/> be used for warewashing?	
Three compartment sink(s) <input type="checkbox"/>	
Two compartment sink(s) <input type="checkbox"/>	
Dishwasher <input type="checkbox"/>	
Type of sanitization used	
Hot water (temp provided) <input type="checkbox"/>	
Booster heater <input type="checkbox"/>	
Chemical type	Chlorine <input type="checkbox"/> Quaternary ammonium <input type="checkbox"/>
Is ventilation provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all dish machines have templates with operating instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all dish machines have temperature/pressure gauges as required that are accurately working?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the largest pot and pan fit into each compartment of the pot sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there drain boards on both ends of the pot sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of sanitizer is used?	
Chlorine <input type="checkbox"/> Hot water <input type="checkbox"/> Iodine <input type="checkbox"/> Quaternary ammonium <input type="checkbox"/>	
Are test papers and/or kits available for checking sanitizer concentration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HANDWASHING/TOILET FACILITIES	
Is there a handwashing sink in each food preparation and warewashing area?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is hand cleanser (soap) available at all handwashing sinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are covered waste receptacles available in each restroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is hot and cold running water under pressure available at each handwashing sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all toilet room doors self-closing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all toilet rooms equipped with adequate ventilation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If required, is a handwashing sign posted in each employee restroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SMALL EQUIPMENT REQUIRMENTS	
Please specify the number and location and types of each of the following:	
Slicer(s):	
Cutting board(s):	
Can opener(s):	
Mixer(s):	
Floor mats:	
Other:	



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Licensing Time Frames

Pursuant to A.R.S. § 11-1605, Cochise County Environmental Health Services has established timeframes for each type of license (permit) that it reviews. The overall time frame for each type of permit states separately the administrative completeness review time frame and the substantive review time frame.

Review time frames may be temporarily suspended under the following circumstances provided by A.R.S. § 11-1605.

1. Temporary suspension for public hearings.
2. Temporary suspension for state or federal approvals of licenses (permits).
3. Temporary suspension to wait for the applicant to submit additional information as requested by Cochise County.

Applications that have been inactive for more than one year since the date of a suspension notice will be administratively closed.

Cochise County has considered a number of factors including, staffing and budgetary constraints, and the overall complexity of the licenses that we issue in formulating these time frames. These time frames may be subject to modification in accordance with state statutes. These time frames include Cochise County's review time and not the time the applicant takes responding to notices of deficiencies for either the administrative or substantive review.

An applicant may receive a clarification from the county of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in section A.R.S. § 11-1609.

Table 1. Licensing Timeframes (in days)

Type of Approval	Overall Time-frame	Administrative Completeness Review Time-frame	Substantive Review Time-frame
Approval of Environmental Health Services Permit (when plans are not required)	60	30	30
Approval of Variance under FC§8-103.10	90	30	60
Approval of Plans and Specifications under FC§8-201.11	90	30	60
Approval of HACCP Plan under FC§8-201.13	90	30	60