



MOBILE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION



Application for plan review of Mobile Food Establishment for
Bullitt County residents.

For more information, contact:

Bullitt County Health Department
181 Lees Valley Rd. Shepherdsville, KY 40165

Main: (502) 955-7837

Environmental: (502) 955-7867

Division of Plumbing: (502) 573-0397

NOTE: Please complete all applicable spaces

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Project Timeline
Date: _____ Project Start Date: _____ Projected Completed Date: _____ Type of Construction (select one): <input type="checkbox"/> New <input type="checkbox"/> Remodel
Personal Contact Information
Name of person submitting plans: _____ Phone: _____ Email: _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Address City State Zip </div>
Truck/Business Contact Information
Name of food truck: _____ Owner: _____ Phone: _____ Email: _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Address City State Zip </div>
Plan Information
Plans: <input type="checkbox"/> One complete set <ul style="list-style-type: none"> Full size sheets (8.5" x 14" min. plans must be legible. Sheets larger than 8.5" x 14" may be required) Plans drawn to scale of operation (dimensions) showing and identifying location of equipment, plumbing, electrical services, mechanical ventilation, etc. Proposed menu (select one): _____ Full menu _____ List attached of all food and drinks Equipment: _____ manufacturer specification sheets included <ul style="list-style-type: none"> Manufacturer specification sheets for each piece of equipment shown on the plan, including make and model numbers. Serial numbers not required.
Water Heater Information
Select one: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tank <input type="checkbox"/> Tankless Manufacturer*: _____ Model: _____ <div style="text-align: right; font-size: small;">*Manufacturer specification sheet required</div> Water heater capacity (gallons): _____ Number of tankless water heaters: _____

