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MAY 11 2021
State of Alaska
DEC Wasilla Alaska 99654

Plan Review Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program

Permit ID: _____

Section A- General Information *(All applicants complete entire section – please print).*

Purpose (check one) ☒ **New Construction** ☐ **Remodel of Existing Structure** ☐ **Reactivation**

General Information		
Establishment Name: Green Jar Palmer, LLC		Date 05/11/2021
Plan Review Contact Name Caleb L Saunders		
Phone Number 907-887-3684	Email csaunders@greenjarak.com	
Address 11709 E Palmer-Wasilla Hwy. Suite 420, Palmer, AK 99645		
Operating Days/Hours 8am - 12am	Proposed Opening Date	

If you are proposing to build a new food establishment or extensive remodeling of an existing food establishment in Alaska (except in the Municipality of Anchorage), you must submit a **completed Plan Review Packet 30 days prior to construction**. Additional information regarding calculations and drawings can be found in the Plan Review Guide.

Please Note: Failure to provide all the required information may delay the plan review process and permit issuance.

REQUIRED DOCUMENTATION LIST (*Include the following in your packet)*

☒ Food Establishment Application
☒ Fees (Plan Review Fee is Non-Refundable)
☒ Plot Plan
☒ Floor Plan
☒ Plumbing Schematic
☒ Complete list of equipment (including manufacturer's specifications)

SECTION B – REQUIRED DOCUMENTATION

a. **Potable Water Supply.** Have plans been submitted to the Drinking Water Program as required by 18 AAC 80?
☐ **Yes*** ☒ **No** ☐ **N/A** (Municipal Water Supply) ***Specify in comments.***
Comments:

Attach a confirmation email or letter from the Drinking Water Program stating that the system has been approved.

b. **Wastewater Disposal System.** Have plans been submitted to the Wastewater Program as specified by 18 AAC 72?
☐ **Yes*** ☒ **No** ☐ **N/A** (Municipal System) ***Specify in comments.***
Comments:

Attach a confirmation email or letter from the Wastewater Program stating that the system has been approved.
If you have a septic system, please provide the legal description of your property (Lot, Block, etc.) MONTE VIS ADD #1 PH

c. **Solid Waste Disposal.** Please describe how you plan to dispose of your solid waste:
Waste Management Company

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ **Yes** ☐ **No**
☒ All buildings
☒ Refuse storage site
☒ Potable water supply
☒ Outside walk-in cooler(s)/freezer(s)
☒ Outside storage areas
☒ Identify nearby roads, other landmarks, and/or give GPS coordinates
☒ Access for deliveries
☒ Sewage disposal system
☒ Oil/Fuel tanks

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Permit ID(s)_____ Establishment Name(s) Green Jar Palmer, LLC

e. **Floor Plan.** A floor plan with the listed components must be submitted as part of the application packet. Have you included a floor plan? ☒ Yes ☐ No

☒ Layout and purpose of each room
☒ Location of fixed equipment and plumbing features
☒ Size, construction, and design of fixed equipment
☒ Location of restrooms, including the number of toilets and handwash sinks.
☒ Type and location of lighting
☒ Type and location of ventilation, both building and local systems

f. **Plumbing Schematic.** A plumbing schematic with the listed components must be submitted as part of the application packet. Have you included a detailed drawing of the plumbing schematic? ☒ Yes ☐ No

☐ Plumbing schematic showing each hot, cold, and wastewater line.
☐ Plumbing connection to the wastewater line (direct vs. indirect)
☐ Hot water capacity

Have you contacted the State Plumbing Inspector? ☐ Yes ☒ No

G **Fire Marshall.** Have you contacted the State Fire Marshall? ☒ Yes ☐ No

Please describe your ventilation/hood system:

Mechanical exhaust systems shall be sized to remove the quantity of air required to be exhausted. The system shall operate when air is required to be exhausted. HVAC will maintain 75 degrees Fahrenhiet, maintain 40%-60% relative humidity and maintain CO2 at less than 1000ppm.

SECTION C – ADDITIONAL INFORMATION

a. **Storage**. How often will you receive food deliveries? Do you have adequate storage to support your operation? Consult the Plan Review Guide for information about storage capacity.

Green Jar plans to receive food items in transports on a frequent basis. All perishables will be stored in refrigeration. All non perishables will be kept in cool, dry storage and be at least 6" off the ground while being stored. Green Jar will provide able storage for all food deliveries.

b. **Dressing Rooms and Locker Rooms.** Describe how employee clothing, belongings, etc will be stored:

Employees will be provided individual cubbys for their personal belongs to be placed in and kept during the duration of their shift.

c. **Poisonous/Toxic Materials**. Describe location and means to store poisonous or toxic materials:

Storage space for chemicals and cleaners will be provided to prevent contamination.

d. **Floors/Walls/Ceilings**. Describe how the floors, walls, ceilings, and shelving will be finished (tile, paint, etc):

The walls, wall coverings, floors, and floor coverings of food preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules will be, smooth, non-absorbent, and easily cleanable. FRP board or stainless steel may be needed behind those walls having water splashing or high heat. Floors must be constructed of smooth durable material such as sealed concrete, ceramic tile, durable grades of linoleum or plastic.

e. **Warewashing:** Describe how dishes, utensil, and equipment will be washed:

Green Jar requires employees to clean all containers/glass and utensils in the 3 basin sink located on the license premise. Employees are required to use a three part dish washing method of wash/rinse/sanitize.

f. **Linens.** Describe how soiled and clean clothing/linens will be stored and where they will be cleaned:

Green Jar uses a commercial linens company to clean all solid linens. All solid linens will be kept in the janitorial closet. They will be maintain in cabinets located across the facility.

SECTION D

I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I understand that plan review fees are not refundable under the Alaska Food Code 18 AAC 31.050(k). I agree to pay all fees before operating.

Applicant's Signature **Date** May 11, 2021

Applicant's Printed Name Caleb L Saunders **Title** Chief Executive Officer

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