RECEIVED
JUN 14 2021
DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

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 Corner, LLC dba Green Fire Extracts		Date 05/14/2021
Plan Review Contact Name Barbara Paschall		
Phone Number (907) 460-2128	Email paschallb@hotmail.com	
Address 1349 Warner Road		
Operating Days/Hours	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.)LOT 2120 BLOCK 21 1s 1E

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

All marijuana waste will be rendered unusable in accordance with AMCO and SOA regulations. All solid waste will be disposed of by municipal solid waste disposal service. See attached MJ-05.

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

Green Fire Extracts

Permit ID(s)_____ Establishment Name(s)_____

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

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:

Green Fire Extracts will be using a Purair ductless fume hood model# P5-36-XT-A. Or an approved Equivalent.

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.

Marijuana deliveries will be made from a licensed marijuana cultivation facility or any other commercial marijuana facility on a weekly basis or as needed. We will have a freezer and a refrigerator for prepackaged food items to be stored in.
Green Fire Extracts will have adequate storage in the facility for deliveries to be made.

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

Employees will have a dedicated area with sufficient storage space within the facility to store their belongings while at work.

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

Toxic cleaning chemicals will be stored in a dedicated storage cabinet that is separate from other goods and products.

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

Floors:Concrete poured slab then finished with Epoxy concrete floor paint
Walls:Greenboard sheetrock with mud and tape and finished with Semi-gloss paint
Ceiling:Greenboard sheetrock with mud and tape and finished with Semi-gloss paint
Shelving:Chrome shelving from the store that has a chrome finish. Cabinets with shelves will be finished with stain and a water

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

All dishes and/or utensils will be washed and sanitized in the facility's three compartment sink.

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

Soiled, non-disposable linens will be stored temporarily in a receptacle near the sink and cleaned by a third party cleaning service. Or washed in the washer and dryer in 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: Barbara Paschall Date 6-4-2021

Applicant's Printed Name Barbara Paschall Title Owner