Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-6509 Fax: (907) 343-4786
www.muni.org

DHHS

APPLICATION FOR PLAN REVIEW

☒ **Remodel/Upgrade** ☐ **New Construction/Existing Building** ☐ **New Construction/New Building**

Establishment Name: The House of Green			
Site Address: 3105 M....	Mailing Address:		
Owner Name:	Address:	Phone:	Fax:
Email:			
Contact Name:	Address:	Phone:	Fax:
Email:			
Square feet:	If Food, Menu Provided: ☐ Yes ☒ No		
Applicants Signature:	Application Date: 8-15-16		

Department Notes/Comments

RECEIVED ESD
AUG 15 2016

OFFICE USE

Amount Received:	Payment Type:	Receipt Number:	Date Received:
220	CC	90891	8/15/16

Fees:

Pool/Spa

Spa:	$ 300.00	_____ (Date Paid)
Pool 0-1600 sq. ft.:	$ 500.00	_____ (Date Paid)
Pool 1600 sq. ft. +:	$ 750.00	_____ (Date Paid)

Food

Food: 0-1000 sq. ft.:	$ 220.00	8/15 (Date Paid)
Food: 1001-4000 sq. ft.:	$ 330.00	_____ (Date Paid)
Food: 4001 sq. ft. +:	$ 550.00	_____ (Date Paid)

Facility ID: _____

PE: A520

Plan Review Project Number: _____

Plan Review: _____

Appendix A - MODEL PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

MUNICIPALITY OF ANCHORAGE

DHHS
ANCHORAGE DEPARTMENT OF HEALTH & HUMAN SERVICES

TYPE OF APPLICATION: ☐ New ☒ Remodel ☐ Conversion	**Projected Start Date:** 9-15-16 **Projected Completion Date:** 1-1-17
TYPE OF FOOD OPERATION: ☐ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION

Name of Establishment: The House of Green			
Establishment Address: 3105 Minnesota DR	**City:** Anchorage	**State:** AK	**ZIP:** 99503

OWNERSHIP INFORMATION

Name of Owner: Mike Dillard			
Address: 2115 E Vision View DR	**City:** WASILLA	**State:** AK	**ZIP:** 99654
Email: DillardHomes@Hotmail.com	**Phone Number:** 907 - 230-4717		

ARCHITECT/ENGINEER INFORMATION

Applicant Name:	**Contact Person:**		
Applicant Mailing Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

FOOD OPERATION INFORMATION

Hours/Days of Operation	Square Feet of Facility:	Type of Service (check all that apply)	Employees
☒ Sun: 10 - 12am midnight 8/7	700 ?	☒ Off-site consumption	Max per shift: 5
☒ Mon: " "		☒ MD Single-use utensils	
☒ Tues: " "		☒ Multi-use utensils	
☒ Wed: " "		☐ Other:	
☒ Thurs: " "			
☒ Fri: " "			
☒ Sat: " "			

Designated Point of Contact for questions or additional needed information:

Name: Mike Dillard

Phone Number: 907 - 230 - 4717

PLAN REVIEW FORMULAS

HOT WATER DEMAND

Gallons Per Hour (GPH) =

$$\frac{\text{Sink Size in}^3 \times 7.5\ \text{gal/ft}^3 \times (\text{Number of compartments} \times 0.75\ \text{capacity})}{1728\ \text{in}^3/\text{ft}^3}$$

OR

$$\text{Sink Size in}^3 \times \text{Number components} \times 0.003255\ \text{in}^3$$

British Thermal Units (BTU) =

$$\frac{\text{GPH} \times {}^\circ\text{Rise} \times 8.33\ \text{lb/gal of water}}{\text{Thermal Efficiency}}$$

Kilo-Watt (KW) Input =

$$\frac{\text{GPH} \times {}^\circ\text{Rise} \times 8.33\ \text{lb/gal of water}}{3412\ \text{BTU per KW}}$$

Example:

1. How many BTU's or KW's will the booster heater need to raise the incoming hot water (140°F) to 180°F for the final rinse temperature if the dishwasher requires 64 GPH?

$$\frac{64\ \text{GPH} \times 40^\circ\text{F Rise} \times 8.33}{0.70\ \text{(operating efficiency)}} = 30{,}464\ \text{BTU}$$

$$\frac{64\ \text{GPH} \times 40^\circ\text{F Rise} \times 8.33}{3412\ \text{BTU per KW}} = 6.2\ \text{KW}$$

Appendix B – REGULATORY COMPIANCE REVIEW LIST
MARIJUANA PRODUCT PROCEDURES

MARIJUANA PRODUCT DELIVERY

1. How often will marijuana products and supplies be delivered? ☐ Daily ☒ Weekly ☐ Other: _____

MARIJUANA PRODUCT STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage 36; Refrigerated Storage (41°F) 36; Frozen Storage _____;

Utensil Storage 20

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4"

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Dry pre-packaged product storage			CABINET		YES/NO MD
Warewashing Area	Sealed concrete ~~Tile~~	Tile & sheet ROCK	Tile/sheetrock	sheetrock	YES/NO MD
Walk-in Refrigerators Freezers					YES/NO
Service Sink	Tile ~~Stainless~~ ~~steel~~	Stainless steel	Tile	sheetrock	YES/NO MD
Refuse Area					YES/NO
Toilet Rooms	Tile	Plastic coved/ sheetrock	Sheetrock	sheetrock	YES/NO MD
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving: N/A					

plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

Sewage Disposal	• Is the sewage system public or non-public/private? public ☒ non-public/private ☐ If private, has the sewage system been approved? Yes ☐* No ☐ Attach copy of written approval and/or permit.	(YES)/NO ND
Backflow Prevention	• Will all potable water sources be protected for backflow? Yes ☒ No ☐ • Are all floor drains identified on the submit floor plan? Yes ☐ No ☒ Not at this time	(YES)/NO ND
Toilet Facilities	• Identify locations and number of toilet facilities: 2 • Hot and cold water provided? Yes ☒ No ☐	(YES)/NO ND
Dressing Rooms	• Will dressing rooms be provided? Yes ☐ No ☒ • Describe storage facilities for employee personal belongings Lockers	(YES)/NO ND
Poisonous/Cleaning Storage	• Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? locked CABINET • How will these items be separated from food and food-contact surfaces? Their own CABINET 1. Identify the location of the facilities for cleaning of mops and other cleaning equipment?	YES/NO
Pest Control	• Will all outside doors be self-closing and rodent proof? ☒ Yes ☐ No ☐ NA • Will screens be provided on all entrances left open to the outside? ☐ Yes ☐ No ☒ NA • Will all openable windows have a minimum #16 mesh screening? ☒ Yes ☐ No ☒ NA • Will insect control devices be used? ☒ Yes ☐ No ☐ NA IN grow AREA • Will air curtains be used? If yes, where? NO Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing facilities	• Identify number of the handwashing sinks in retail sales area: _1_ Retail Sales	YES/NO MD
Warewashing Facilities	**MANUAL DISHWASHING** • Identify the length, width, and depth of the compartments of the 3-compartment sink: 59" x 24" x 24" Bowls 18" x 18" (Advance TABCO) **MECHANICAL DISHWASHING** • Identify the make and model of the mechanical dishwasher:_____ • What type of sanitizer will be used? ☐ Chemical Type:_____ ☐ Hot Water Will ventilation be provided? Yes ☐ No ☐	YES/NO MD
Water Supply	• Is the water supply public or non-public/private? public ☒ non-public/private ☐ ○ If private, has source been approved? Yes ☐* No ☐ ○ Attach copy of written approval and/or permit. • What is the capacity and location* of the water heater? 80Gal. ☐ Check if Tank-less *Identify location on plan. Provide specifications for the water heater	YES/NO MD