RECEIVED
FEB 12 2018
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: Tanana Herb Company, LLC		Date 12/29/17
Plan Review Contact Name Leslea Nunley		
Phone Number 907-388-8023	Email tananaherbcompany@gmail.com	
Address Physical Address: 1200 Well Street, Fairbanks, AK 99701		
Operating Days/Hours 8AM - 5PM Monday - Friday	Proposed Opening Date June 1, 2018	

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
☒ 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: City water system into the building

****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: City waste water treatment exists in the building

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

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

It will be collected from trash cans and taken to the solid waste disposal area in the building garage and removed via private vehicle to the Borough Landfill.

d. **Plot Plan.** Have you included a detailed to scale drawing of the plot plan including: ☒ Yes ☐ No

☒ All buildings
☐ Outside walk-in cooler(s)/freezer(s)
☒ Access for deliveries
☒ Refuse storage site
☐ Outside storage areas
☐ Sewage disposal system
☐ Potable water supply
☒ Oil/Fuel tanks
☒ Identify nearby roads, streets, other landmarks, and/or give GPS coordinates

Received by AMCO 2.12.18

Permit ID(s)_____ Establishment Name(s) Tanana Herb Company, 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? No but we are working with the City Building Department ☐ Yes ☒ No

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

Please describe your ventilation/hood system:

We are working with the City of Fairbanks Building department for all required fire codes. We do not cook or serve food and do not have ventilation/hood systems.

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.

We will not receive food deliveries. We will process cannabis trim from the cultivation facility within the same building as it becomes available. Finished product will be transferred to the retail store within the same building for storage and sale.

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

When the employees enter the facility, they will be required to change their "street clothes" out for designated uniforms for their specific job duties. The changing/locker rooms are located between the front office and the main work floor.

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

Poisonous/Toxic materials will be kept in a designated HAZMAT cabinet located behind the store in the hallway. The only potential toxic materials will be cleaning supplies such as bleach.

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

The floors are concrete and will be finished with paint. The Walls will be painted Drywall and OSB. The ceilings consist of plywood and glu-lam beams which will be painted. There will be RFP around the sinks.

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

There will be no dishes. Manufacturing utensils will be cleaned daily with hot soapy water, rinsed in hot clean water and sanitized with bleach or similar sanitizer following the sanitizer recommendations and air dried.

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

Retail employees will be required to bring their clean uniforms in to wear for their scheduled shift.

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 agree to pay all fees before operating.

Applicant's Signature Leslea Nunley Date 2/4/18

Applicant's Printed Name Leslea Nunley Title Owner/Manager

Received by AMCO 2.12.18