The marijuana retail plans submitted to AHD Environmental Health for **Highpothermia [SR 808]**, 741 E 13th Ave, are hereby **approved** for those items with which the Anchorage Health Department is concerned. This approval is limited to eighteen months from the date of approval. If an extension is needed, please send a written request to this office. If no action has been taken by the applicant, new plans will need to be submitted along with the appropriate fees.
Items such as your handwash sinks, lighting (minimum 50 foot-candles in consumable handling and ware-washing areas, and 20 foot-candles in other areas) and surface finishes (non-absorbent, durable, smooth & easily cleanable) will be field checked during the opening inspection. Please ensure that your returnable/recalled items are stored in an area clearly marked and away from current products.
Seams and joints between counters and walls must be sealed. Verify all equipment meets ANSI/NSF or equivalent standards.
This approval is subject to provisions of Chapter 16.60 AMC and is based upon the plans and comments submitted. Please call concerning any changes or questions. **A Health Permit and two inspections from AHD are required for opening**.
Contact this office:

- if you plan any changes to the facility;
- to schedule construction inspections; and
- to schedule a dry shelf inspection prior to bringing in marijuana retail items.

Ensure that all permits required by Development Services, such as connections to electrical service or change of use permits, have been applied for and approved prior to the issuance of a Health Permit.

Next steps:

1. **Apply for your Health Permit at AHD Environmental Health, Suite 300.**
2. **Schedule your first of two inspections required to open.**

Respectfully,

Janine Nesheim
Environmental Sanitarian III – Plan Review
Food Safety & Sanitation Program | Anchorage Health Department
825 L Street, Anchorage, AK 99501
Office: (907) 343-4815
janine.nesheim@anchorageak.gov
www.muni.org/health

Be safe. Be smart. Be kind. We're all in this together.

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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:** 04/07/2021 **Projected Completion Date:** 06/30/2021 (EST.)
TYPE OF FOOD OPERATION: ☒ Retail Marijuana Store	

MARIJUANA RETAIL ESTABLISHMENT INFORMATION			
Name of Establishment: Highpothermia			
Establishment Address: 741 E. 13th Ave	**City:** Anchorage	**State:** AK	**ZIP:** 99501
OWNERSHIP INFORMATION			
Name of Owner: Highpothermia, LLC			
Address: 741 E. 13th Ave	**City:** Anchorage	**State:** AK	**ZIP:** 99501
Email: highpothermia@gmail.com	**Phone Number:** (907) 229-7790		
ARCHITECT/ENGINEER INFORMATION			
Applicant Name: Determine Design	**Contact Person:** Daniel Clift		
Applicant Mailing Address: 903 W Northern Lts. Blvd #206	**City:** Anchorage	**State:** AK	**ZIP:** 99503
Email: dan@determinedesign.com	**Phone Number:** (907)339-9100		

FOOD OPERATION INFORMATION			
Hours/Days of Operation ☒ **Sun:** 10AM-10PM ☒ **Mon:** 10AM-10PM ☒ **Tues:** 10AM-10PM ☒ **Wed:** 10AM-10PM ☒ **Thurs:** 10AM-10PM ☒ **Fri:** 10AM-10PM ☒ **Sat:** 10AM-10PM	Square Feet of Facility: 1,115 SF	**Type of Service (check all that apply)** ☒ Off-site consumption ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	**Employees** Max per shift: TBD

Designated Point of Contact for questions or additional needed information:
Name:
Phone Number:

The following documents must be submitted along with this application:
Proposed list of marijuana consumables, concentrates and beverages to be offered

- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
- The floor plan must identify: retail sales area, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).
- Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.

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Elevation drawings may be requested by the Regulatory Authority.

- Identify handwashing, warewashing and/or three compartment sinks.
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, hot and cold water lines, and direction of flow to sanitary sewer.
- Provide water heater, hand washing sink, and three-compartment sink specification sheets.
- Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
- Lighting plan, indicating the exact foot candles for each area as required.
- Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: receiving, storage, glassware (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

Signature:	**Date:**
Print Name:	**Title:**

Additional Required Documents:

- Copy of valid business license
- Copy of completed food handlers card
- Design plans for the facility
- All specification sheets:
  - 3 Compartment Sink
  - Hand washing sink
  - Refrigerator(s) – commercial grade only
  - Water heater specification sheet
  - Freezer, etc…

Office Use Only			
Fees:	**Payment Type:**		**Receipt #:**
Marijuana Retail Stores		**Date Paid:**_____	Facility ID:_____
0-1000 sq. ft:	$220.00	PE:_____	
1001-4000 sq ft.	$330.00	Plan Review Project #_____	
4001+ sq ft.	$550.00	Plan Review:_____	

Revised September 9, 2016

Shelley A. Griffith, MPH, RPS

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