

**Public Health**
Environmental Health Services**APPLICATION FOR PLAN REVIEW****THIS SECTION TO BE COMPLETED BY APPLICANT****FACILITY INFORMATION**

Facility Name	Date	Phone Number	
Address	City	State	Zip
Former Facility Name (if applicable)			

OWNER INFORMATION

Owner of Facility	Phone Number		
Facility Owner Mailing Address	City	State	Zip
Email(s)			

CONTACT INFORMATION

Contact Person	Phone Number		
Contact Mailing Address	City	State	Zip
Email(s)			

FOOD FACILITY PROJECT INFORMATION

<input type="checkbox"/> New Facility		<input type="checkbox"/> Existing Food Facility Remodel	
<input type="checkbox"/> Retail	<input type="checkbox"/> Mobile Food	<input type="checkbox"/> Wholesale – Distributor	<input type="checkbox"/> Wholesale – Processor
Square Footage (ft ²)	Seating Capacity	Max Number Employees Per Shift	

RECREATIONAL HEALTH PROJECT INFORMATION

<input type="checkbox"/> New Construction		<input type="checkbox"/> Existing Facility Remodel	
<input type="checkbox"/> Pool	<input type="checkbox"/> Spa	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Special Purpose
<input type="checkbox"/> Spray Grounds	<input type="checkbox"/> Interactive Water Feature	<input type="checkbox"/> Water Park	<input type="checkbox"/> Other

SCOPE OF WORK

Describe Nature of Work

***If the facility has an exhaust hood, include a completed Commercial Hood/Mechanical Exhaust Data Sheet**

For Office Use Only			
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	