



## Application for Plan Review

Food Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Operator (Owner) \_\_\_\_\_ Phone \_\_\_\_\_

Contact for Plans: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address for Approval Letter: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### Plan Review Type

- New Food Establishment
- Remodel or Extensive Alteration of Existing Facility

Estimated Date Construction Will Begin \_\_\_\_\_

Estimated Opening Date \_\_\_\_\_

### Type of Facility

- Restaurant
- Establishment
- Bakery
- School
- Child Care Facility
- Pizza Shop

Total Square Feet in Facility: \_\_\_\_\_

If seasonal, list months of operation: \_\_\_\_\_

### Water supply

- City
- Private

### Sewage Disposal

- City
- Private

Internal Use Only:

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_