

APPLICATION FOR PLAN CHECK

Applicant: Answer all questions completely. Sign and date below. [Print or type]

APPLICATION OR PLAN CHECK APPROVAL EXPIRE ONE YEAR FROM DATE OF APPLICATION OR APPROVAL

CHECK ONE:

NEW CONSTRUCTION RECONSTRUCTION NEW EQUIPMENT ONLY

Name of Facility (DBA): _____
Business Location: _____
Business Owner's Name: _____ Phone _____
Contractor's Name: _____ Phone _____
Contact Person: _____
Business Phone: _____ Home Phone _____
Mailing Address: _____

CHECK ONE:

Pool/Spa Plan Check
 Pool/Spa Equipment Replacement
 Food Plan Check (under 1500 sq.ft. floor space)
 Food Plan Check (over 1500 sq.ft. floor space)
 Food Equipment Replacement

_____ Cash Register Validation

NOTE:
(1) An extra hourly rate fee will be billed where extra time is required
(2) Indicate type of food to be sold: _____

Please mail/make payment with this application. Fee enclosed \$_____.

I (we) agree to construct this facility in compliance with all applicable State laws and pertinent local ordinances. I certify that the information on these plans is true and correct to the best of my knowledge.

DATE: _____ Signature(s) _____

FOR OFFICE USE ONLY

Computer # _____ Fee _____ Cash ___ Check ___ MO ___ CO/MA ___ Category Code _____

PLAN CHECK APPROVED _____ DATE _____
ENVIRONMENTAL HEALTH SPECIALIST