



## 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"/> Mobil Food <input type="checkbox"/> Wholesale - Distributor <input type="checkbox"/> Wholesale - Processor <input type="checkbox"/> Host Facility			
Square Footage (ft <sup>2</sup> ):	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"/> Spray Grounds <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> Wading Pool <input type="checkbox"/> Water Park <input type="checkbox"/> Special Purpose <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):	