



Plan Check Application Form

Facility Type: Mobile Food Facility **License Plate #:** _____ (if applicable)

New Facility Existing Facility (Was this ever a permitted food facility?)

Scope of Work: Food Prep Non Food Prep Pool Spa Replaster AB1020

Other: _____ **# of Type I Hoods:** _____

Remodel Type: Major Minor Single Piece of Equipment

Square Footage: _____ **Risk Category:** _____ (As defined on checklist menu)

Project Name _____

Current Facility Name (if any) _____

Address _____ **Suite #:** _____

Cross Street _____

City _____ **Zip** _____ **Phone#** _____

Contact Person (Designer/Architect/Contractor) _____

Business Name (if any) _____

Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Fax #** _____

E-mail Address _____

Owner of Food/Pool Operation _____

Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Fax#** _____

E-mail Address _____

**** Office Use Only ****

Comments -

Owner ID _____ **Facility ID** _____ **District Specialist Name** _____

Plan Type _____ **District Code** _____

Received By Name _____ Date ____/____/____ **Account ID #** _____ **Invoice #** _____

Assigned To _____ ____/____/____ **Check Number #** _____ **Amount Paid: \$** _____

Plan submitted by: Owner Architect Contractor Designer Other _____

Plan Check SR #: _____ **Program Element(s):** _____