



## APPLICATION FOR PERMIT TO CONSTRUCT FOOD FACILITY • POOL/SPA • ORGANIZED CAMP

**INSTRUCTIONS:**

1. Applicant completes PROJECT INFORMATION items below; CONTACT TELEPHONE IS REQUIRED. **PLEASE PRINT.**
2. Submit 3 copies of scaled plans and specifications with this application.
3. For food facilities, samples of floor and ceiling materials proposed may be requested.
4. For pool/spas, complete 1 application per pool/spa per site location.
5. For RE-SURFACING or ALTERATION of a pool/spa, also complete the form entitled, "Plancheck Worksheet for Re-Surfacing or Alteration of a Public Swimming Pool". One form per site location.
6. The approved plans expire 1 year from the date fees are received.
7. Do not begin construction until plans have been approved and a Permit to Construct has been issued by EHD and the appropriate Building and Safety Division.
8. **ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW.**

**PROJECT INFORMATION-Applicant completes items 1 through 13 below. PLEASE PRINT.**

1. **Type of Construction:**  
 New Food Facility                       Remodel of a currently operating food facility                       Other: \_\_\_\_\_  
 New Pool/Spa                               Alteration of existing pool, auxiliary structures or equipment  
 Resurfacing – Number of pools/spas at this site - \_\_\_\_\_
2. **Type of Facility:**  
 Food Facility - \_\_\_\_\_ sq. ft.                       Swimming pool - \_\_\_\_\_ sq. ft.  
 Mobile Food Facility                               Special Use Pool  
 Adjunct Food Facility                               Spa/Wading Pool                               Organized Camp
3. FACILITY NAME: \_\_\_\_\_
4. SITE ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
5. BUSINESS OWNER: \_\_\_\_\_
6. OWNER TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
7. MAILING ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
8. CONTRACTOR: \_\_\_\_\_
9. CONTACT PERSON: \_\_\_\_\_
10. CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
11. CONTACT EMAIL ADDRESS: \_\_\_\_\_
12. CONTACT ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
13. APPLICANT SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

|                       |                     |                              |                      |
|-----------------------|---------------------|------------------------------|----------------------|
| Date Rec'd _____      | Rec'd By _____      | Amt Rec'd _____              | Rcpt # _____         |
| Check # _____         | District # _____    | Food/Camp PE# _____          | Food/Camp SR # _____ |
| Food/Camp INV # _____ | Food/Camp AR# _____ | Plan storage location: _____ |                      |
| Pool                  | SR # _____          | PE# _____                    | INV # _____          |
| Spa                   | SR # _____          | PE# _____                    | INV # _____          |
| Oth. Add. Pool        | SR # _____          | PE# _____                    | INV # _____          |

**PLAN REVIEW RECORD**

Notes:

|                                       |            |          |
|---------------------------------------|------------|----------|
| Returned to applicant for corrections | Date _____ | By _____ |
|                                       | Date _____ | By _____ |
| Resubmitted                           | Date _____ | By _____ |
|                                       | Date _____ | By _____ |

**PLANS APPROVED DATE** \_\_\_\_\_ **REHS Signature** \_\_\_\_\_

Plans picked up by : \_\_\_\_\_

Date plans picked up: \_\_\_\_\_

Fees verified by: \_\_\_\_\_