



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: _____