



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 RE-SURFACING or ALTERATION of a pool/spa, also complete the form entitled, "Plan Check Worksheet for Re-Surfacing or Alteration of a Public Swimming Pool". One form per site location.
4. The approved plans expire 1 year from the date fees are received, unless construction has begun.
5. Do not begin construction until plans have been approved and a Permit to Construct has been issued by the Environmental Health Division and the appropriate Building and Safety Division.
6. **ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW.**

PROJECT INFORMATION - Complete items below. PLEASE PRINT.

Type of Construction:

New Pool/Spa _____ sq. ft. Alteration of existing pool, auxiliary structures or equipment
 Pool/Spa Resurfacing

 Remodel of a currently operating Food Facility - # items/sq. ft. _____ FA # _____
 New Food Facility _____ sq. ft.
 Mobile Food Facility - Type _____ Adjunct Food Facility
 Organized Camp Other: _____

FACILITY NAME: _____

SITE ADDRESS: STREET, CITY, ZIP: _____

BUSINESS OWNER: _____

OWNER TELEPHONE: _____ FAX: _____

MAILING ADDRESS: STREET, CITY, ZIP: _____

CONTRACTOR: _____ CONTR. LIC # _____

CONTACT PERSON: _____

CONTACT TELEPHONE: _____ FAX: _____

CONTACT EMAIL ADDRESS: _____

CONTACT ADDRESS: STREET, CITY, ZIP: _____

APPLICANT SIGNATURE: _____

PROJECT DESCRIPTION: _____

Location of plans:	FOR OFFICE USE ONLY			
Date Rec'd _____	Rec'd By _____	Amt Rec'd _____	Rcpt # _____	
Check # _____	District # _____			
Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____	
Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____	
Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____	
Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____	
Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____	