

APPLICATION FOR CONSTRUCTION PLAN / HEALTH DEPARTMENT

SUBMITTAL REQUIREMEN	NTS: TWO (2) SETS OF PLANS.		
Business Name:			
Address:		City:	
State: Zip:			
Business Owner:			
MailingAddress:		City:	
State: Zip:			
Contractor:			
State: Zip:		Telephone: []	
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_			
State: Zip:		·	
Maximum number of employees	s including owner at any given time;	Alcoholic beverage served on prer	mise? □ yes □ no
Food Market Retail	Restaurants	Wells	
☐ 10-5,999 Sq. Ft.	☐ 0 - 60 seats	☐ Drilling	
☐ 6,000 + Sq. Ft.	☐ 61 + seats	☐ Destruction ☐ Conversion	
Food Processor	Minor Remodel		
☐ I - 5,999 Sq. Ft.	☐ less than 200 Sq. Ft.		
☐ 6,000 + Sq. Ft.		Payment Information	
Misc. Food Storage	Swimming Pools/Spas	Date:	
☐ Food Salvager		Date.	
☐ Food Vehicle/Cart	Sewage Disposal	Check No.:	
	☐ New System		
	\square Modify Existing System	Conversion:	
I understand that the amount o incorrect, I understand that the		of the business classification of the plans submitted. If the	nis declaration is
SIGNATURE:		Date:	
PLANS APPROVED BY:		Date: _	

Note: Mechanical, Plumbing and Electrical permits may be required as a result of this permit. For questions in regards to filling out this form, please contact the Health Department at (626) 744 - 6004