

2008
Plan Review Application for a
Permanent Food Service Establishment

Project Information (Please Print)

Food Service Establishment Name (Doing Business As): _____
 Project Site Address: _____ City: _____ Zip: _____
 Former Name (If applicable): _____ Sewage Treatment: Sewer Septic System
 Scope (Brief description of project): _____

Plan Review Submittal Fee Effective 01/01/2008 – 12/31/2008 (Make checks payable to: "SKCDPH")

New Operation (\$477.00) Remodel (\$416.00) Resubmitted Plan (\$312.00) Cost of Service (\$173.39/hr)
 Multiple Permit Establishment (\$295.00 for each additional review after the first.) No. of additional reviews: _____

Ownership Information

Owner/Operator Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Applicant Information (If applicable)

Contact Person (Applicant or Agent) Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Operation Information

Menu/Style of Food Service: _____
 Describe Food Production Methods (If applicable): _____
 Proposed Number of Seats: _____ Days/Hours of Operation: _____
 Plan to open by: _____ Meals Served: Breakfast Lunch Dinner Cater Seasonal Other

Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
 Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
 Approval Date: _____ Review Time: _____ Reviewer: _____
 Notes: _____

DISTRICT HEALTH CENTERS

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