

PLAN REVIEW APPLICATION - 2007

Plan Review Fee: Effective 1/1/07 - 12/31/07

NEW FOOD ESTABLISHMENT	\$454.00	MULTIPLE FEES	\$281.00
REMODEL OF EXISTING FOOD SERVICE	\$396.00	COST OF SERVICE	\$/HR

Make checks payable to: *SKCDPH*

Please complete information below and submit as directed in Plan Guide.

Project Information

Food Service Establishment Name (doing business as): _____
 Project Site Address: _____
 Sewage Treatment: Sewer District or On-site Septic System
 If a mobile vehicle, provide license plate number _____
 *Former name of food service establishment, if applicable: _____

Applicant/Requestor Information

Contact Person (Owner, Applicant or Agent): _____
 Business Name: _____
 Mailing Address: _____
 Phone Numbers: _____

Ownership Information

Owner/Operator: _____
 Business Name: _____
 Mailing Address: _____
 Phone Numbers: _____

Project Scope

Brief description of proposal _____
 Proposed number of seats _____
 New Operation
 Remodel of Existing FSE
 Ownership Change
 Revision
 Other

Office Use Only

Permit Record ID (PR #) _____ Classification _____
 DDES/DPD _____ Plan Review SR# _____ Variance SR# _____
 Date Submitted: _____ Approval Date _____ Reviewer _____
 Review Time: _____ Action Taken: Approve Disapprove Corrections sent Pending Other

Date: _____ Discussion: _____

DISTRICT HEALTH CENTERS

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