



CLARK COUNTY PUBLIC HEALTH
 1601 E. Fourth Plain Blvd. • P.O. Box 9825
 Vancouver, WA 98666-8825
 Phone (360) 397-8428 • Fax (360) 397-8091

PLAN REVIEW APPLICATION FORM

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____
 SITE ADDRESS _____ CITY _____ STATE WA ZIP _____
 SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____
 BUSINESS OWNERSHIP STATUS: Sole Proprietor Partnership Corporation LLC
 LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.
 OWNER NAME _____ OWNER NAME _____
 OWNER NAME _____ OWNER NAME _____
 BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BUSINESS PHONE _____ BUSINESS FAX _____

IS THIS A CHANGE OF OWNERSHIP? NO YES **IF Yes, date of change:** _____
If Yes, previous name of the restaurant? _____
IS THIS: New construction or conversion of an existing building to a restaurant
 An existing restaurant/kitchen remodel
 Construction company contact person _____ PHONE _____
BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?
 Name _____ Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

WATER: Amboy (CPU) BattleGround CPU Camas Vancouver Washougal Yacolt (CPU) Other _____
 Small Public Water Supply Name _____ ID# _____

SEWAGE: Public sewer On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment that you are planning.

- Restaurant School / Cafeteria Tavern/Bar Public Kitchen/Grange Motel/Hotel Bed & Breakfast Food Bank
 Espresso Cart Mobile Truck Little League Concession Stand/Cart Annual Itinerant Bakery (only) Caterer
 Grocery Store and Deli and Bakery and Meat/Fish Market Meat/Fish Market (only) Convenience Store Convenience Store & Deli

Hours of operation _____ Number of employees per shift _____

Anticipated number of meals served per day _____ Anticipated seating capacity _____

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ ID # _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE ONLY
 DATE PAID: _____ IN: _____ OW: _____
 AMT RCVD: \$ _____ AR: _____ FA: _____ EHS: _____
 EHA: _____ SR: _____ PR: _____