



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 _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

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) Battle Ground 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 planned.

- | | | | | |
|-------------------------------------|---|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Annual Itinerant/Farmer's Market | <input type="checkbox"/> Bakery (only) | <input type="checkbox"/> Grocery/Convenience Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Espresso Cart/Stand | <input type="checkbox"/> Caterer | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

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

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

APPLICANT'S SIGNATURE _____

DATE _____

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____