



Plan Review Application

Plan Review Type: See the Food Safety Program Fee Schedule for definitions

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Level 1 Remodel/Modification	<input type="checkbox"/> Change of Ownership - <i>Less than 30 days Notification</i>
<input type="checkbox"/> Level 2 Remodel/Modification	<input type="checkbox"/> Mobile Unit, Multiple Event Vendors
<input type="checkbox"/> Level 3 Remodel/Modification	<input type="checkbox"/> Variance Review

Facility Information:

Restaurant Name or Name of Establishment _____

Site Address _____ City _____ State WA Zip _____

Site Phone Number _____ Estimated Opening Date _____ Tax Parcel Number _____

Owner Information:

Business or Corporation Name _____

Legal Structure Sole Proprietor Partnership Corporation LLC Municipal Non-profit

Owner Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Email _____

Contact Information:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

To whom should the plan review letter be sent to? (May choose more than one) Owner Contact

Additional Information:

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

Building Department Permit Number: _____

Water Amboy (CPU) Battle Ground CPU Camas
 Vancouver Washougal Yacolt (CPU)
 Well - Small Public Water Supply Name _____ ID# _____

Sewage Public Sewer On-Site septic system Date of last septic system inspection _____

For Annual Itinerant, Mobile Unit, Seasonal or Caterer

Base of operation location _____

Commissary Location _____ Commissary Facility ID# _____

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA _____

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

