



**SNOHOMISH
HEALTH
DISTRICT**

Required submittal items:

- This application completed and signed.
- Menu (including beverages)
- HACCP Menu Review
- Plans and Specifications

PLAN REVIEW

**(Includes New Food Service, Limited Grocery School and Satellite Kitchens)
Fees effective December 1, 2011**

- \$168.00 Base fee **plus** \$168.00 per hour for each hour over 1 hours:
Alteration to existing facility or revision of approved plan
- \$168.00 Limited Grocery
- \$168.00 **Plus lab fees:** HACCP – when required by WAC for menu items
- \$168.00 Reopen former food service establishment
- \$630.00 New food establishment including school kitchen
- \$630.00 Base fee for multiple permit facility **plus** \$150.00 each additional permit

OFFICE USE ONLY

Proposed Establishment:

Establishment Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Owner of Establishment:

Owner Name: _____ Owner Phone: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: (If different than owner)

Name: _____ Contact Phone: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ ZIP: _____

Local Building Inspection Agency: _____

Type of Food Service Establishment: _____

Water Supply (check one)

- Private Well Public

Name of Water District

Sewage Disposal (check one)

- Onsite Sewage Disposal System Sewer

Name of Sewer District

Inspection is based upon requirements of WAC 246-215. *Rules & Regulations of the State Board of Health for Food Service Sanitation.*
Other agency approvals requisite to your operation may include County or City Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.

X

Signature of Applicant

Date