SNOHOMISH HEALTH DISTRICT

Required submittal items:
- ☐ This application completed and signed.
- ☐ Menu (including beverages)
- ☐ HACCP Menu Review
- ☐ Plans and Specifications

PLAN REVIEW
(Includes Food Stand Concessions and Mobile Food Vehicles)
Fees effective December 1, 2011

☐ $420.00

☐ $168.00 Base fee **plus:** $168.00 per hour over 1 hours:
Alteration to existing facility or revision of approved plan

Check one:
☐Food Stand Concession ☐Mobile Food Vehicle

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: _____

Commissary:

Commissary Name: _____

Commissary Water Supply (check one)
☐ Private Well ☐ Public _____
Name of Water District

Commissary 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