

General Food Plan Review Application

Application must be completed in full and submitted with fee and the items listed for processing:

Reviewed by _____ EHS Initials

TYPE OF PLAN REVIEW (Check applicable box)

<input type="checkbox"/> \$500 (PE 5672) plus \$185 per hour after 2 hours	New food service establishment
<input type="checkbox"/> \$185 Base fee plus \$185 per hour for each add'l hour over 1 hour (PE 5685)	Remodel of existing food service establishment or revision of approved plan
<input type="checkbox"/> \$335 Base fee plus \$185 per hour for each add'l hour (PE 5685 & 5642)	Change of ownership / conditional operating permit AND remodel of existing food service establishment or revision of approved plan
<input type="checkbox"/> \$185 (PE 5682) per inspection	Reopen former food service establishment
<input type="checkbox"/> \$185 (PE 5670)	New Limited Grocery, Tap Room / Tasting Room
<input type="checkbox"/> \$185 plus lab fees (PE 5683)	HACCP – when required by WAC for menu items
<input type="checkbox"/> \$500 Base fee plus \$185 for each add'l permit (PE 5676 & 5675)	New multiple permit food service establishment (large grocery store)
<input type="checkbox"/> \$185 (PE 5677)	Plan review consultation (On and/or off site)
<input type="checkbox"/> NO FEE Out of County Mobile (PE 56MR)	Mobile operators from King or Pierce Counties

ESTABLISHMENT INFORMATION

MAILING ADDRESS

Name:		Name:		
Site Address:		Mailing Address:		
City:	ZIP:	City:	State:	ZIP:

OWNER INFORMATION

Name:		Phone:		
Address:		E-mail Address:		
City:		State:	Zip:	

CONTACT INFORMATION (if different than owner)

Name:		Phone:		
Address:		E-mail Address:		
City:		State:	Zip:	

OTHER INFORMATION

Type of Food Service Establishment:		
Local Building Inspection Agency:		
Water District:	Water Supply (check one):	<input type="checkbox"/> Private Well <input type="checkbox"/> Public
Sewer District:	Sewage Disposal (check one):	<input type="checkbox"/> Sewer <input type="checkbox"/> Onsite Sewage System

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.

Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.

Signature:	Date:
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Print Name:

Change of Ownership/Conditional Operating Permit

Copy given (initial) :			Date:
Date of ownership change:			
Former establishment name (if changing):			
Previous owner's name:			
Is facility currently open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, must proceed as a Reopen and facility must remain closed.
Copy of menu submitted:"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In no, see statement below, completed and signed agreements must be submitted to Snohomish Health District.
Is a picture of your three-compartment warewashing sink provided? (REQUIRED)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be changes to kitchen and/or equipment? briefly describe changes:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe changes:			
Please initial each statement below indicating you have read and understand them:			
	I understand this document constitutes as a <i>Conditional Operating Permit</i> which may be revoked by Snohomish Health District at any time without prior notification.		
	I understand I must provide a completed and signed Commissary and Restroom Agreement to Snohomish Health District immediately upon request and must have copies available onsite (if applicable) .		
	I understand my facility will be inspected by Snohomish Health District within 30 days. I understand that a fee(s) will be charged if additional inspections are required.		
	I understand that changes and/or improvements may be required.		
	I understand that all changes and/or improvements must be completed by the compliance date listed during my inspection.		
	I understand that my facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.		
	I understand that I may need to make changes that were not required of the previous owner.		
	I understand that all changes to menu, equipment, and the building must be pre-approved in writing by Snohomish Health District.		
	I understand that I may be required to submit a remodel/plan revision plan review which has additional fees.		
Print first and last name:			
Owner/responsible party signature:			Date:
<i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i>			

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Environmental Health Division

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