

# Consumer Protection Plan Check Application

Applicant: Answer all questions completely. Sign and date below. [Print or type]

APPLICATION OR PLAN CHECK APPROVAL EXPIRE ONE YEAR FROM DATE OF APPLICATION OR APPROVAL

## CHECK ONE:

NEW CONSTRUCTION       RECONSTRUCTION       NEW EQUIPMENT ONLY

Name of Facility (DBA): \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Business Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Contractor's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

## CHECK ONE:

Pool/Spa Plan Check  
 Pool/Spa Equipment Replacement  
 Food Plan Check (under 1500 sq. feet floor space)  
 Food Plan Check (over 1500 sq. feet floor space)  
 Food Equipment Replacement  
 Body Art Facility \_\_\_\_\_

## NOTE:

- (1) An extra hourly rate fee will be billed where extra time is required
- (2) Indicate type of food to be sold: \_\_\_\_\_

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Please mail/make payment with this application. Fee enclosed \$ \_\_\_\_\_

I (we) agree to construct this facility in compliance with all applicable State laws and pertinent local ordinances. I certify that the information on these plans is true and correct to the best of my knowledge.

DATE: \_\_\_\_\_ Signature(s) \_\_\_\_\_  
\_\_\_\_\_

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## FOR OFFICE USE ONLY

Computer # \_\_\_\_\_ Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_ CO/MA \_\_\_\_\_ Category Code \_\_\_\_\_

PLAN CHECK APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Environmental Health Specialist