

**APPLICATION FOR PLAN CHECK**

**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.ft. floor space)  
 Food Plan Check (over 1500 sq.ft. floor space)  
 Food Equipment Replacement

\_\_\_\_\_ Cash Register Validation

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

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) \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

PLAN CHECK APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
ENVIRONMENTAL HEALTH SPECIALIST