

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
 Other _____

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