



## Plan Review Application

**Plan Review Type:** See the Food Safety Program Fee Schedule for definitions

<input type="checkbox"/> New Construction	<input type="checkbox"/> Level 1 Remodel/Modification/Change of Ownership
<input type="checkbox"/> Mobile Unit, Multiple Event Vendors	<input type="checkbox"/> Level 2 Remodel/Modification/Change of Ownership
<input type="checkbox"/> Variance Review	<input type="checkbox"/> Level 3 Remodel/Modification/Change of Ownership
<input type="checkbox"/> Hourly	

**Facility Information:**

Restaurant Name or Name of Establishment \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_ State WA Zip \_\_\_\_\_

Site Phone Number \_\_\_\_\_ Estimated Opening Date \_\_\_\_\_ Tax Parcel Number \_\_\_\_\_

**Owner Information:**

Business or Corporation Name \_\_\_\_\_

Legal Structure  Sole Proprietor  Partnership  Corporation  LLC  Municipal  Non-profit

Owner Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

To whom should the plan review letter be sent to? (May choose more than one)  Owner  Contact

**Additional Information:**

Is this a change of ownership?  No  Yes

If Yes, date of change \_\_\_\_\_ If Yes, previous name of the restaurant? \_\_\_\_\_

Is this:  New construction or conversion of an existing building to a restaurant  
 An existing restaurant/kitchen remodel

Building Department Permit Number: \_\_\_\_\_

Water  Amboy (CPU)  Battle Ground  CPU  Camas  
 Vancouver  Washougal  Yacolt (CPU)  
 Well - Small Public Water Supply Name \_\_\_\_\_ ID# \_\_\_\_\_

Sewage  Public Sewer  On-Site septic system Date of last septic system inspection \_\_\_\_\_

**For Annual Itinerant, Mobile Unit, Seasonal or Caterer**

Base of operation location \_\_\_\_\_

Commissary Location \_\_\_\_\_ Commissary Facility ID# \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE PAID: \_\_\_\_\_ INV \_\_\_\_\_ OW \_\_\_\_\_ EHA \_\_\_\_\_

AMTRCVD: \$ \_\_\_\_\_ AR \_\_\_\_\_ FA \_\_\_\_\_ SR \_\_\_\_\_ PR \_\_\_\_\_

