



## APPLICATION FOR PERMIT TO CONSTRUCT FOOD FACILITY • POOL/SPA • ORGANIZED CAMP

**INSTRUCTIONS:**

1. Applicant completes PROJECT INFORMATION items below; CONTACT TELEPHONE IS REQUIRED. **PLEASE PRINT.**
2. Submit 3 copies of scaled plans and specifications with this application.
3. For food facilities, samples of floor and ceiling materials proposed may be requested.
4. For pool/spas, complete 1 application per pool/spa per site location.
5. For RE-SURFACING or ALTERATION of a pool/spa, also complete the form entitled, "Plancheck Worksheet for Re-Surfacing or Alteration of a Public Swimming Pool". One form per site location.
6. The approved plans expire 1 year from the date fees are received.
7. Do not begin construction until plans have been approved and a Permit to Construct has been issued by EHD and the appropriate Building and Safety Division.
8. **ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW.**

**PROJECT INFORMATION-Applicant completes items 1 through 13 below. PLEASE PRINT.**

1. **Type of Construction:**  
 New Food Facility                       Remodel of a currently operating food facility                       Other: \_\_\_\_\_  
 New Pool/Spa                               Alteration of existing pool, auxiliary structures or equipment  
 Resurfacing – Number of pools/spas at this site - \_\_\_\_\_
2. **Type of Facility:**  
 Food Facility - \_\_\_\_\_ sq. ft.                       Swimming pool - \_\_\_\_\_ sq. ft.  
 Mobile Food Facility                               Special Use Pool  
 Adjunct Food Facility                               Spa/Wading Pool                               Organized Camp
3. FACILITY NAME: \_\_\_\_\_
4. SITE ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
5. BUSINESS OWNER: \_\_\_\_\_
6. OWNER TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
7. MAILING ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
8. CONTRACTOR: \_\_\_\_\_
9. CONTACT PERSON: \_\_\_\_\_
10. CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
11. CONTACT EMAIL ADDRESS: \_\_\_\_\_
12. CONTACT ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_
13. APPLICANT SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Rec'd _____	Rec'd By _____	Amt Rec'd _____	Rcpt # _____
Check # _____	District # _____	Food/Camp PE# _____	Food/Camp SR # _____
Food/Camp INV # _____	Food/Camp AR# _____	Plan storage location: _____	
Pool	SR # _____	PE# _____	INV # _____
Spa	SR # _____	PE# _____	INV # _____
Oth. Add. Pool	SR # _____	PE# _____	INV # _____

**PLAN REVIEW RECORD**

Notes:	Returned to applicant for corrections	Date _____	By _____
		Date _____	By _____
	Resubmitted	Date _____	By _____
		Date _____	By _____

**PLANS APPROVED DATE** \_\_\_\_\_ **REHS Signature** \_\_\_\_\_

Plans picked up by : \_\_\_\_\_

Date plans picked up: \_\_\_\_\_

Fees verified by: \_\_\_\_\_