

## General Food Plan Review Application

<b>Application must be completed <u>in full</u> and submitted <u>with fee</u> and the items listed for processing:</b>				
Reviewed by _____ EHS Initials				
<b>TYPE OF PLAN REVIEW (Check applicable box)</b>				
<input type="checkbox"/> \$740 (PE 5672) General Plan Review		New food service establishment		
<input type="checkbox"/> \$1110 (PE 56AK) General Plan Review Expedited		<b>Expedited</b> New food service establishment Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$195 (PE 5670) Limited Grocery Plan Review		New Limited Grocery, Tap Room / Tasting Room		
<input type="checkbox"/> \$292.50 (PE 56AJ) Limited Grocery Plan Review		<b>Expedited</b> Plan Review & Pre-Operation Inspection Fee		
<input type="checkbox"/> \$740 Base fee <b>plus</b> \$195 for each add'l permit (PE 5676 & PE 5675)		New multiple permit food service establishment. Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$1110 Multiple Permit Facility General Plan Review Expedited <b>plus</b> \$195 for each add'l permit (PE 56AL & PE 5675)		<b>Expedited</b> New multiple permit food service establishment Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$390 (PE 5642) Change of Ownership Plan Review		Change of ownership conditional operating permit. Includes Preopening Inspection.		
<input type="checkbox"/> \$195 (PE 5685) Alteration to Existing Establishment or Revision of Approved Plan		Alteration to existing food service establishment or revision of approved plan. Includes Pre-Operational Inspection.		
<input type="checkbox"/> \$195 (PE 5677) Consultation Fee		Plan review consultation (On and/or off site)		
<input type="checkbox"/> \$390 (PE 5683) Variance <b>plus</b> lab fees		Variance with HACCP – when required by WAC for menu items		
<b>ESTABLISHMENT INFORMATION</b>			<b>MAILING ADDRESS</b>	
Name:			Name:	
Site Address:			Mailing Address:	
City:	ZIP:	City:	State:	ZIP:
<b>OWNER INFORMATION</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:		State:	Zip:	
<b>CONTACT INFORMATION (if different than owner)</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:		State:	Zip:	
<b>OTHER INFORMATION</b>				
Type of Food Service Establishment:				
Local Building Inspection Agency:				
Water District:	Water Supply (check one):	<input type="checkbox"/> Private Well <input type="checkbox"/> Public		
Sewer District:	Sewage Disposal (check one):	<input type="checkbox"/> Sewer <input type="checkbox"/> Onsite Sewage System		
<i>Inspection is based upon requirements of WAC 246-215; Rules &amp; Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals requisite to your operation may include County or City Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i>				
<i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i>				
Signature:			Date:	
Print Name:				

## Change of Ownership/Conditional Operating Permit

Copy given (initial) :			Date:
Date of ownership change:			
Former establishment name (if changing):			
Previous owner's name:			
Is facility currently open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, must proceed as a Reopen and facility must remain closed.
Copy of menu submitted:"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In no, see statement below, completed and signed agreements must be submitted to Snohomish Health District.
Is a picture of your three-compartment warewashing sink provided? <b>(REQUIRED)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be changes to kitchen and/or equipment? briefly describe changes:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe changes:			
<b>Please initial each statement below indicating you have read and understand them:</b>			
	I understand this document constitutes as a <i>Conditional Operating Permit</i> which may be revoked by Snohomish Health District at any time without prior notification.		
	I understand I must provide a completed and signed Commissary and Restroom Agreement to Snohomish Health District immediately upon request and must have copies available onsite <b>(if applicable)</b> .		
	I understand my facility will be inspected by Snohomish Health District within 30 days. I understand that a fee(s) will be charged if additional inspections are required.		
	I understand that changes and/or improvements may be required.		
	I understand that all changes and/or improvements must be completed by the compliance date listed during my inspection.		
	I understand that my facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.		
	I understand that I may need to make changes that were not required of the previous owner.		
	I understand that all changes to menu, equipment, and the building must be pre-approved in writing by Snohomish Health District.		
	I understand that I may be required to submit a remodel/plan revision plan review which has additional fees.		
<b>Print first and last name:</b>			
<b>Owner/responsible party signature:</b>			<b>Date:</b>
<i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i>			

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**Environmental Health Division**

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