

# Plan Review Application for Permanent Food Service Establishments (REQUIRED)



## Environmental Health | Food Protection Program

Downtown Chinook: 401 5<sup>th</sup> Avenue, Ste 1100, Seattle, WA 98104 | (206) 263-9566 Bellevue  
 Eastgate: 14350 SE Eastgate Way, Bellevue, WA 98007 | (206) 477-8050

Alternative formats available upon request.

(If you are proposing a mobile food business or Limited Food Service business, use the **Mobile Plan Review Application**)

**Make checks payable to: "SKCDPH". NOTE: Plan review fees are non-refundable and plan review time beyond the base time will be charged at the rate of \$243 per hour. You will pay a separate annual permit fee before opening.**

TYPE OF PLAN REVIEW (Check Applicable Box)		
<input type="checkbox"/> \$972 – New construction (4 hour base time)	Constructing a new kitchen OR re-permitting an existing kitchen that has not been used for one (1) year or more.	
<input type="checkbox"/> \$729 – Remodel (3 hour base time)	Changing or remodeling an existing food service establishment.	
<input type="checkbox"/> \$729 – Multiple permitted establishment (3 hour base time)	In a large facility with multiple food service operations (hotel, grocery, etc.) each operation requires a separate plan review (and eventually a separate permit)	
<input type="checkbox"/> \$243 – Resubmitted plan review (Hourly rate)	Once the plans have been approved, an hourly rate will be charged for subsequent changes to the equipment floor plans.	
GENERAL INFORMATION		
Project Scope (describe project; if applicable the length of time the business has been closed and former name):		
Is this project in "Unincorporated King County?": <input type="checkbox"/> Yes <input type="checkbox"/> No	Parcel Number:	For City of Seattle, DPD Project #:
<b>Water supply: (Check one)</b> <input type="checkbox"/> Public <input type="checkbox"/> Private water supply Name of Water District:	<b>Sewage Disposal: (Check one)</b> <input type="checkbox"/> Sewer <input type="checkbox"/> Onsite septic system Name of Sewer District:	Hot water tank size:
FACILITY/PROPERTY INFORMATION (Service Request)		
Name of Business:		
Site address:	Any specialized menu processes (sous vide, vacuum packaging, etc.)?:	
City	Zip Code:	Seat Count (inside and if any outside):
BUSINESS OWNER INFORMATION (Requestor)		
Owner/Requestor Name:		
Mailing address:		
City:	State:	Zip:
Email:	Phone Number:	
APPLICANT/CONTACT INFORMATION - If not the business owner (Plan Check)		
Contact Person (Applicant or Agent) Names:		
Mailing address:		
City:	State:	Zip code:
Email:	Phone Number:	
OFFICE USE ONLY		
Date submitted:	Risk Classification:	SR #:
Date approved:	Reviewer:	PR#
Notes:		

**Notice: By signing this form, you attest to the accuracy of the information provided in this application.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_