

Mobile and Limited Plan Review Cover Sheet

Please place this cover sheet on top of the plans or on the outside of a set of plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed plans will be processed and reviewed.

Establishment Name: _____ Phone: _____

Site Address: _____

Street

City

Zip

Applicant/Contact Person for Plans _____ Phone: _____

Mailing Address: _____

Street

City

State

Zip

Fax: _____ Email: _____

For City of Seattle only – DPD Project Number (if already assigned) _____

Page number in plans or specifications should be noted below.

★ New Business

Please Check if Item included	Item	Information Required	Location in Plans (page number)	Public Health Notes
☐	Plan Review Application	Application must be complete (Appendix B)		
☐	Plan Review Fee	-New: \$972 (4 hr base) -Changes to Mobile or Limited Food Service Plan Review \$486 (2 hr base) -Resubmitted Plans: \$243/hr <i>*Hourly rate of \$243 charged after the base time</i>		
☐	Mobile Food Unit Design	-Detailed drawings of mobile food unit -Photos of mobile food unit -Photo of L & I sticker (if occupied vehicle)		
☐	Limited Food Service	-Detailed drawings of Limited Food Service		
☐	Water System Design	-Detailed drawings of water system		
☐	Commissary Information	-Permission Letter (Appendix C) -Drawing of commissary		
☐	Site/Itinerary Information	-Restroom Use Agreement (Appendix E) -Site or Route Information Form (Appendix F)		
☐	Menu and Food Preparation Steps	-List of food and beverage items to be prepared and served. - Food preparation Flow Chart (Appendix D)		
☐	Mobile Questionnaire	-Operational Questionnaire (Appendix J)		

★ Change of ownership and/or change of commissary

☐	Use of Commissary / Shared Kitchen Agreement		
☐	Use of Restroom Agreement		
☐	Mobile Food Unit Contact Information for Route or Site Location		

For the City of Seattle, please provide a copy of this stamped document to the City as proof that plans have been submitted to Public Health Seattle-King County.

For Office Use Only: Administrative review: _____ Date: _____
 Reviewed by: _____ Date: _____ Time: _____ Activity min: _____