

Food Establishment Plan Review Coversheet

Please place this coversheet on top of the plans or on the outside of a set of plans. This coversheet will help you prepare a complete plan review application. All of the following items must be included in the following order. Incomplete plans will not be accepted until all information is received. Only completed plans will be processed and reviewed. Plan review fees are non-refundable.

Name of Business:						Phone:					
Site Address: City:									Zip		
Contact Person (Applicant or Agent) Names:						Phone:					
Mailing Address: City:							State: 2		Zip:		
Appli	cant's email:				For City of Seattle Only – DPD Proassigned)				oject Number (if already		
√	Item Item Number			Description			She	Page et/Number	Office Use Only		
	1	Plan Revie Application		Complete the Food Plan Review Application							
	2	Plan Revie Fee	 New: \$972 (4-hour base) Remodel: \$729 (3-hour base) Multiple plan review: \$729 (3-hour base) Resubmitted plan: \$243 per hour *Hourly rate of \$243 charged after the base time 								
	4 Site Plan			Provide a site plan. Show the facility in relation to wells (if applicable), septic systems (if applicable), streets, sidewalks, parking, and garbage areas.				:			
	5	5 Menu		Provide a detailed menu of all the food and beverages you will be serving or a list of food and beverages you will be selling.							
	7 Floor Plan			Provide a floor plans of the entire facility. Floor plan must show location of all equipment (sinks, refrigeration, countertop appliances, cooking equipment, hot water heater, etc.), restrooms, storage areas, etc. *Refer to the "Plan Review and Permitting Guidelines" for details							
	8	8 Equipment List or Schedule		Provide the make and model number of all equipment such as refrigeration units, hot water tanks, including countertop appliances, etc.							
	9	Finish Schedule		Provide the materials used for all floors, walls, and ceilings in all areas.							
	10	Seating Arrangements		Show the placement of chairs and tables for both indoor and outdoor seating.							
	11 Plan Review Questionnaire		Please read the questions carefully and provide answers for every item, do not leave any blank.								
					OFFICE	USE ONLY					
Admi	nistrative Revie	w:				Date:					
Reviewed by: Date:						Time:		Activity	Activity min:		

Alternative formats available upon request