



Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ street

Prior Establishment Name: _____

Owner Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	Food Service Equipment Supply Co. Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
Architect Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	General Contractor Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

Which of the above will serve as the primary contact? _____

Which of the above should all correspondence be mailed to? _____

Proposed construction start date: _____ Proposed opening date: _____

For reviewing agency use only:

Fee \$: _____

Check #: _____

Date: _____

Receipt #: _____

Plan Review #: _____

Assigned to: _____

Remarks: _____

