

# Consumer Protection Plan Check Application

**Applicant:** Answer all questions completely. Sign and date below. [Print or type]

APPLICATION OR PLAN CHECK APPROVAL EXPIRE ONE YEAR FROM DATE OF APPLICATION OR APPROVAL

## CHECK ONE:

☐ NEW CONSTRUCTION      ☐ RECONSTRUCTION      ☐ NEW EQUIPMENT ONLY

Name of Facility (DBA): \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## CHECK ONE:

- ☐ Pool/Spa Plan Check
- ☐ Pool/Spa Equipment Replacement
- ☐ Food Plan Check (under 1500 sq. feet floor space)
- ☐ Food Plan Check (over 1500 sq. feet floor space)
- ☐ Food Equipment Replacement
- ☐ Other \_\_\_\_\_

## NOTE:

(1) An extra hourly rate fee will be billed where extra time is required

(2) Indicate type of food to be sold: \_\_\_\_\_

Please mail/make payment with this application. Fee enclosed \$ \_\_\_\_\_

I (we) agree to construct this facility in compliance with all applicable State laws and pertinent local ordinances. I certify that the information on these plans is true and correct to the best of my knowledge.

DATE: \_\_\_\_\_

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

Computer # \_\_\_\_\_ Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MO \_\_\_\_\_ CO/MA \_\_\_\_\_ Category Code \_\_\_\_\_

PLAN CHECK APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

Environmental Health Specialist