

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT

2570 GRANT AVENUE, OGDEN, UTAH 84401

TELEPHONE: (801) 399-8381

FAX: (801) 399-8306

FOOD ESTABLISHMENT SPECIFICATIONS FORM

Prior to our review, the required **\$130.00 fee** for the plan review and the pre-opening inspection must be paid (**includes 2 hours of review plus \$65 per hour after**). An accurate and detailed plan and specification document is most important and critical for the proper construction and operation of your establishment.

Please take your time and fill out the following pages in detail, with accuracy, and completely, including the finish schedule and the equipment installation list. Notations of "see plans" will not be accepted. Your application will be returned if the requested information is not provided.

DATE: _____ DATE OF PLANNED OPENING: _____

ESTABLISHMENT NAME: _____ **PHONE #:** _____

ESTABLISHMENT ADDRESS: _____
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

PARTY TO RECEIVE CORRESPONDENCE: _____ **PHONE #:** _____

ADDRESS: _____
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

CONTRACTOR: _____ **PHONE #:** _____

ADDRESS: _____
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

ARCHITECT: _____ **PHONE #:** _____

ADDRESS: _____
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

OWNER: _____ **PHONE #:** _____

ADDRESS: _____
(FULL ADDRESS REQUIRED) STREET NAME/NUMBER CITY ZIP CODE

SERVICE TYPE: FULL SERVICE FAST FOOD BAR CAFETERIA CONVENIENCE
 OTHER: _____

NEW ESTABLISHMENT REMODEL MENU ATTACHED SERVES LIQUOR

SEATING CAPACITY: _____ INDOORS _____ OUTDOORS