



## APPLICATION FOR PERMIT TO CONSTRUCT FOOD FACILITY • POOL/SPA • ORGANIZED CAMP

**INSTRUCTIONS:**

1. Applicant completes PROJECT INFORMATION items below; CONTACT TELEPHONE IS REQUIRED. **PLEASE PRINT.**
2. Submit 3 copies of scaled plans and specifications with this application.
3. For RE-SURFACING or ALTERATION of a pool/spa, also complete the form entitled, "Plan Check Worksheet for Re-Surfacing or Alteration of a Public Swimming Pool". One form per site location.
4. The approved plans expire 1 year from the date fees are received, unless construction has begun.
5. Do not begin construction until plans have been approved and a Permit to Construct has been issued by the Environmental Health Division and the appropriate Building and Safety Division.
6. **ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW.**

**PROJECT INFORMATION - Complete items below. PLEASE PRINT.**

**Type of Construction:**

New Pool/Spa \_\_\_\_\_ sq. ft.                       Alteration of existing pool, auxiliary structures or equipment  
 Pool/Spa Resurfacing  
  
 Remodel of a currently operating Food Facility - # items/sq. ft. \_\_\_\_\_ FA # \_\_\_\_\_  
 New Food Facility \_\_\_\_\_ sq. ft.  
 Mobile Food Facility - Type \_\_\_\_\_                       Adjunct Food Facility  
 Organized Camp     Other: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

SITE ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

OWNER TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MAILING ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ CONTR. LIC # \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

CONTACT ADDRESS: STREET, CITY, ZIP: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**PROJECT DESCRIPTION:**

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_ Amt Rec'd \_\_\_\_\_ Rcpt # \_\_\_\_\_

Check # \_\_\_\_\_ District # \_\_\_\_\_

Food/Camp/Pool SR # _____	PE# _____	IN # _____	AR# _____
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