

(Please **Print** All Information)

PLANS (3 Copies Submitted by):		Date:
Company:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-mail address:		

ONCE PLANS HAVE BEEN APPROVED

Do you wish to be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wish to pick plans up? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want plans mailed to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which address: Please State below
Company Address: <input type="checkbox"/> Food Premises Address: <input type="checkbox"/> Owner's Address: <input type="checkbox"/>	
Signature of person submitting Plans:	

PREMISES INFORMATION

Name:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
Seating Capacity:	Is this a New Premises?	Is this for Alterations?
City Water <input type="checkbox"/> Well <input type="checkbox"/> Potability <input type="checkbox"/>	City Sewer System <input type="checkbox"/> Septic Tank <input type="checkbox"/>	M.O.E. Approval <input type="checkbox"/>

OWNER INFORMATION

Name:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	
E-Mail:		

FOR ENVIRONMENTAL HEALTH PROGRAM USE ONLY

Plans Reviewed by Area Inspector:	Area	Date:
Plans Reviewed by Program Manager:	Date :	
File Created:	Computer Number:	

07/2009

Français au verso>

