



DEPARTMENT OF HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM
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 Hillsboro, OR 97124
 Telephone: (503) 846-8722 ♦ Fax: (503) 846-4490
www.co.washington.or.us/HHS/EnvironmentalHealth/

SCHOOL PLAN REVIEW APPLICATION

This Box for Office Use Only		
Facility #:	School Name:	
School Address: (include city, state, zip)		
Mailing Address: (include city, state, zip)		
Phone:	Fax:	
E-mail:		
New School Facility and Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School District Contact:		
Address: (include city, state, zip)		
Telephone:	Cell:	
E-mail:	Start Date:	
CONSTRUCTION INFORMATION		
Construction: <input type="checkbox"/> New <input type="checkbox"/> Major Remodel <input type="checkbox"/> Minor Remodel	Completion Date:	
Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Students: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Satellite School		
Plan review should be sent to (check all that apply): <input type="checkbox"/> School District Contact <input type="checkbox"/> Construction Contact		
Construction Contact:		
Contact Address: (include city, state, zip)		
Telephone:	Cell:	
E-mail:		
Oregon Administrative Rules require that plans for new, remodeled or converted school food service establishments operated by public or private sponsors and competitive food sales vendors be submitted to the local public health authority for review and approval prior to construction. The local public health authority must conduct an inspection of the school food service establishment to assure food safety standards are met prior to the start of the establishment's operation or the use of a remodeled area. Note: Fee must accompany this application.		
Mail application and check or money order payable to: Washington County Environmental Health		
Applicant Signature:		
Print Name:	Date:	
DO NOT WRITE IN THE SPACE BELOW		
Fee Received:	Ck/MO#:	Receipt #:
Received By:	Date:	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		