



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
 155 North First Avenue, MS 5, Suite 170
 Hillsboro, OR 97124
 Telephone: (503) 846-8722 ♦ Fax: (503) 846-3705
www.washcofoodsafety.com



Public Health
 Prevent. Promote. Protect.

RESTAURANT PLAN REVIEW APPLICATION

| | | | | | |
|--|--|--|--|--|--|
| This Box for Office Use Only | | Facility #: | | Business Name (DBA): | |
| Facility Address: (include city, state, zip) | | | | | |
| Mailing Address: (include city, state, zip) | | | | | |
| Phone: | | | Fax: | | |
| E-mail: | | | | | |
| New restaurant facility and location? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Facility licensed previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | For Official Use Only | | |
| | | | FAC #: | Rel#: | |
| If yes, previous business name: | | | Date of last operation for previous owner: | | |
| Owner Name: | | | | | |
| Owner Address: (include city, state, zip) | | | | | |
| Telephone: | | | Cell: | | |
| E-mail: | | | Business 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 | | Number of Seats: | |
| Plan review should be sent to (check all that apply): | | | <input type="checkbox"/> Owner <input type="checkbox"/> Construction Contact | | |
| Construction Contact: | | | | | |
| Contact Address: (include city, state, zip) | | | | | |
| Telephone: | | | Cell: | | |
| E-mail: | | | | | |
| <p>Oregon Administrative Rules require that plans for new, remodeled or converted food service establishments 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 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.</p> <p>Note: Fee must accompany this application.</p> | | | | | |
| 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: | | CC/Ck/MO#: | | Receipt #: | |
| Received By: | | Date: | | Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Remarks: | | | | | |

