



NORTHEAST TRI COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH DIVISION

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Food Establishment		Phone	
Street Address			
Mailing Address			
Name of Owner		Phone	
Address			
Contact Person		Phone	
Address			
Plan Review Information Should Be Sent To: <input type="checkbox"/> Owner <input type="checkbox"/> Contact Person			
Type of Application <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel			
Type of Food Establishment <input type="checkbox"/> Permanent/Stationary <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____			
Days of Operation	Hours of Operation	If Seasonal, List Months of Operation	
Maximum Meals to be Served per Day (Approx.) _____ Breakfast _____ Lunch _____ Dinner		Number of Seats _____ Inside _____ Outside	Number of Employees per Shift
Water System Name or Provider			
Method of Wastewater Disposal <input type="checkbox"/> Public _____ <input type="checkbox"/> On-Site Sewage System _____			
Name of Garbage Removal Company			
Projected Start Date:		Projected Opening Date:	

SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION

- Complete set of plans, meeting containing all applicable information outlined in Northeast Tri County Health District’s “Food Establishment Plan Review Submittal Requirements”. Ensure that plans are complete to avoid delays.
- The food establishment plan review fee: \$102.00 per hour (1 hour minimum)

PLEASE NOTE THE FOLLOWING

- Chapter 246-215 of the Washington Administrative Code requires that properly prepared plans be submitted for review and approval **before** construction, remodeling, or conversion is begun on a food establishment.
- NETCHD Staff will review the submitted information. The applicant will be notified of any outstanding issues needed for plan approval. Written notification will be provided to the applicant when plans are approved.
- Construction** or remodeling **can not** begin until **approval** of the plans and specifications has been obtained. Any changes to the plans must be reviewed.
- When construction is complete, the Health District must be notified of a request for a pre-operational inspection before the anticipated opening of the establishment. For new establishments, an **“Application for Food Service Operating Permit”** must be submitted and fee paid.
- Separate approvals may be necessary. Contact local building, fire, plumbing, and electrical departments for their requirements. If alcoholic beverages are to be sold, contact the Washington State Liquor Control Board.

Applicant Signature	Date
By signing, applicant certifies that the information submitted in the application is accurate and complete to the best of their knowledge and that it is understood that the establishment will be built in accordance with the approved plans.	

SUBMIT OR MAIL COMPLETED APPLICATIONS AND REQUIRED INFORMATION TO:

Northeast Tri County Health District
Environmental Health Division
240 E. Dominion Street
Colville WA 99114

If there are questions about the plan review procedure or requirements for food establishments, call 509-684-2262 or 1-800-776-6207.

For Office Use Only		
Date Received	Fee Received	Receipt #
Completed by EHS		
Reviewed By	Approval Date	Classification