

FOOD ESTABLISHMENT PLAN REVIEW & APPROVAL FORM

Type of Review: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Conversion				Review Fee -	
FOOD ESTABLISHMENT INFORMATION					
Establishment Name:					
Establishment Address:					
City:		State:		Zip Code:	
Establishment Phone #:			Establishment Email:		
Mailing Address: (same as est. address)					
City:		State:		Zip Code:	
Owner:			Phone #:		
Owner Email: (same as est. email)					
Person-In-Charge (PIC) of Establishment:					
Title:			PIC Phone:		
PIC Email:					
Applicant Information: (same as owner info.)					
Applicant Name:			Title:		
Applicant's Mailing Address:					
City:		State:		Zip Code:	
Applicant's Phone #:			Applicant's Email:		
Designer/Equipment Supplier:					
OPERATION INFORMATION					
Projected Start Date of Project:			Full Menu Attached: <input type="checkbox"/> Yes		
Type of Food Operation (check all that apply):					
<input type="checkbox"/> Sit-down (full-service)		<input type="checkbox"/> Takeout/Delivery		<input type="checkbox"/> Retail Store	
<input type="checkbox"/> Buffet (self-service)		<input type="checkbox"/> Processor/Wholesale		<input type="checkbox"/> C-Store	
<input type="checkbox"/> Caterer		<input type="checkbox"/> Drive-thru		<input type="checkbox"/> Vending Machine	
<input type="checkbox"/> Cafeteria		Seating: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> N/A			
Total Seating Capacity:		Square Footage:		# of Employees per Shift:	
				Date of Opening:	
Days of Operation: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN					
Hours of Operation:					
# of Meals Served: Breakfast - _____ Lunch - _____ Dinner - _____ Other - _____					
Customer plates, utensils, cups (check all that apply): <input type="checkbox"/> Multiple-use/Reusable <input type="checkbox"/> Single-use/Disposable					

SUBMITTED INFORMATION

The items below have been included with the plans being submitted at this time. It is understood that omission of any requested information will result in a delay in the plan approval. Once all required items are received and any required fee paid, the plans will be reviewed or rejected within 30 days:

Item	Attached	In Application	N/A
Menu			
HACCP Plan and/or QA Plan (if needed)			
Standard Operating Procedures (cleaning, food prep, etc)			
Equipment spec sheets			
Floor plan drawing/layouts: Yes N/A			
Drawings/layouts contain the following		YES	N/A
Location of any outside equipment and/or facilities (e.g., trash/grease collection)			
Location of equipment/counters			
Location of hot & cold-water supply, waste lines from fixtures, water heater location, floor drains & sinks			
Location of lighting & electrical outlets			
Location of hoods			
Location of sinks (hand, food prep, warewashing, mop/service, dump)			
Location of bathroom(s)			
Location of dry storage for food & paper products			
Location of chemical storage			
Location of employee storage/locker/change room			
Location of employee break room			
Location of dirty linen			
COLD STORAGE Frequency of frozen food delivery:		Frequency of refrigerated food delivery:	
DRY STORAGE Frequency of food delivery:		Frequency of dry goods delivery:	

FOOD HANDLING PROCEDURES

Explain the **handling/preparation procedures** for the following categories of food. Describe the processes from receiving to service (you can skip this if a separate SOP document covering these items were submitted):

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOODS (e.g., salads, cold sandwiches, raw molluscan shellfish)	see attached	N/A
---	--------------	-----

PRODUCE	see attached	N/A
---------	--------------	-----

POULTRY	see attached	N/A
---------	--------------	-----

MEAT	see attached	N/A
------	--------------	-----

SEAFOOD	see attached	N/A
---------	--------------	-----

SPECIALIZED PROCESSES

Indicate any specialized process that will take place:

☐ Acidification (e.g., sushi rice) ☐ Curing ☐ Smoking for preservation ☐ Sprouting ☐ Live Molluscan Shellfish

☐ Reduced Oxygen Packaging (e.g., cook/chill), sous vide, vacuum packaging) N/A

Other: _____

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOOD (TCS)

- ☐ Under refrigeration ☐ Running water less than 70°F ☐ Cooked from frozen state N/A
- ☐ Microwave (as part of cooking process) ☐ Other: _____

HOT HOLDING

List all foods that will be hot held prior to service (attach separate document if needed):

COOLING

List all foods that will be cooled after cooking or hot holding (attach separate document if needed):

Indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours) and describe what foods will be cooled and the location (attach separate document if needed).

- ☐ Shallow containers -
- ☐ Bath -
- ☐ Ice wand -
- ☐ Other method (provide description) –
- N/A

REHEATING

How and where will TCS foods that are cooked, cooled, and reheated for hot holding be reheated (indicate final temperature and if prepared on-site or commercially):

N/A see attached

FOOD OPERATIONS & POLICIES

Does the establishment have a policy and procedure for excluding and limiting sick employees?

- ☐ Yes ☐ No

Describe such policy (if no, describe when such a policy will be developed and implemented):

- ☐ Separate document provided

Is there a procedure for employees to follow when responding to a vomiting or diarrheal event?

- ☐ Yes ☐ No

Describe the procedure: ☐ Separate document provided

Establishment has a designated Certified Food Protection Manager and has completed and passed an exam from an approved course recognized by Idaho? ☐ Yes ☐ No ☐ Variance will be or has been requested

Name(s) of CFPM:

Name of issuing entity for CFPM:

Expiration date of certificate:

If no CFPM, explain when and who will obtain CFPM: (*SCPHD requires CFPM to be obtained prior to the issuance of a permit*)

FOOD PROTECTION

Convenient and adequate storage, display, and preparation facilities for ice, frozen food (0-10°F), cold food (<41°F), hot foods (>135°F), other foods and foods on display: ☐ Yes ☐ No

Number and type of cold holding units: see attachment

Number and type of hot holding units: see attachment

Will attached thermometer for all refrigerators, freezer, and heat units be provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

Adequate dry food storage provided in a clean location and not located in locker rooms, toilet rooms, dressing rooms, garbage rooms, mechanical room, under sewer lines, under stairwells:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
--	------------------------------	------------------------------

Storage provision to keep all food in non-waterproof containers a minimum of 6 inches above floor. Bare wood allowed only in dry goods storage area, unopened foods:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
--	------------------------------	------------------------------

Sneeze guards properly designed for self-serve hot/cold buffets/bars. Guard must block line between mouth and food on display, including end plates. (Measure 54 inches to 60 inches from floor to represent customer mouth height)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

Dipper wells provided for ice cream scoops (frozen desserts).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

FOOD EQUIPMENT AND UTENSILS

All food contact equipment is safe, durable, corrosion-resistant, and non-absorbent; sufficient in weight and thickness to withstand repeated warewashing; finished to be smooth and easy to clean, resistant to pitting, chipping, or distortion; and not allow the migration of deleterious substances to impart colors, odors, or tastes to food. (Food equipment certified by an ANSI-accredited program meets this standard)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

All used or existing equipment is approved prior to installation and be in good repair and capable of being maintained in a sanitary condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

Counter-type equipment: is movable, on 4-inch legs, or sealed to counter. Floor-type equipment: is movable, on 6-inch + legs, or sealed to floor/base.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
--	------------------------------	------------------------------

Space between units or walls are closed or opened with sufficient distance for easy cleaning along sides, behind, or above.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

Aisles have sufficient width: minimum 36 inches; 42 inches for two or more workers; wider for mobile equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

Raw food prep table and food preparation sink provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
---	------------------------------	------------------------------

WAREWASHING FACILITIES

Select type of warewashing to be used: ☐ Manual (3-compartment sink) ☐ Mechanical (Dishwasher)

Manual Warewashing

Number of compartments in sink (3-compartment is the minimum): _____

Identify the length, width, and depth of the compartments of the sink: _____ L x _____ W x _____ D

Sanitizer to be used: ☐ Chlorine (bleach) ☐ Quaternary Ammonium (Quat) ☐ Other: _____

Will the largest pot and pan, or food contact item/utensil, fit into each compartment of the warewash sink? ☐ Yes ☐ No

(If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?)

Mechanical Warewashing

Sanitizer to be used: ☐ Chlorine (bleach) ☐ Quaternary Ammonium (Quat) ☐ High Temperature

☐ Other: _____

Accurate temperature measuring device that indicates the temperature of the water in the wash and rinse compartments of the warewashing machine provided: ☐ Yes ☐ No ☐ N/A

180°F water and/or booster heater for high temperature dish machines: ☐ Yes ☐ N/A

Mechanical warewashing machine provided with proper back-flow device: ☐ Yes ☐ No ☐ N/A

Mechanical warewashing machine(s) provided with a readable data plate indicating the machine operating specifications, including temperature, pressure, and conveyor or cycle speed: ☐ Yes ☐ N/A

Machine make and model number:

Other Cleaning & Sanitizing

Describe how cooking equipment, cutting boards, deli-slicers, countertops, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

see attached N/A

Drying Space (clearly indicate in plans)

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable rack(s) or air-drying space:

WATER SUPPLY

Water for the establishment will be obtained from: ☐ Municipal Water System (PWS) ☐ Private Well

Name of municipal water supply:

If private well, plans and specs must be submitted and approved prior to permit issuance to ensure water supply meets Idaho drinking water standards. Baseline water quality analysis must be established prior to operation.

Drinking water plans submitted: ☐ Yes ☐ No ☐ N/A

Hot and cold water provided under pressure to all fixtures and hot water is sufficient to meet the peak hot water demands throughout the establishment: ☐ Yes ☐ No ☐ N/A

Tank Water Heater Specs

Name of manufacturer and model #:

Kilowatts or BTUs:

Recovery rate:

Tankless Water Heater Specs

Name of manufacturer and model #:

Kilowatts or BTUs:

SEWAGE DISPOSAL

Sewage from establishment will be disposed of:

☐ Municipal Sewer System - Name of municipal sewer system: _____

☐ On-site Septic System – (must obtain approval from health district)

If sewage disposal is to an existing septic system, what is the wastewater flow design (GPD)? _____

What is the permit # for the septic system?

Grease interceptor or trap appropriately sized per applicable code and accessible for cleaning? ☐ Yes ☐ No ☐ N/A
Where will grease trap/interceptor be located?

PLUMBING

All plumbing materials are safe, sized, and installed in accordance with local codes and standards.

☐ Yes ☐ No ☐ N/A

Water flushed; walk-in box floor sloped to proper drain. Drain outside walk-in box. Condensate wastes to floor sink or approved hub drain outside walk-ins.

☐ Yes ☐ No ☐ N/A

Floor sinks 50% exposed if under equipment for cleaning. Floor sinks or drains not enclosed in cabinets.

☐ Yes ☐ No ☐ N/A

Drain-board(s)/scupper(s) provided with proper backflow device.

☐ Yes ☐ No ☐ N/A

Janitorial faucets/hose bibs/threaded faucets provided with proper backflow device.

☐ Yes ☐ No ☐ N/A

Soap dispensers, when located on approved faucets, proved with proper backflow device.

☐ Yes ☐ No ☐ N/A

Dipper wells – appropriate air gap provided between water supply inlet line and flood rim.

☐ Yes ☐ No ☐ N/A

Soda fountain water line to carbonator: reduced pressure device required, installed upstream from carbonating device and downstream from any copper in water supply line. ☐ Yes ☐ No ☐ N/A

Self-cleaning hoods: proper backflow protection provided. ☐ Yes ☐ No ☐ N/A

Backflow and back siphonage protection provided on water supply lines shall be installed in accordance with all local codes and standards. ☐ Yes ☐ No ☐ N/A

Air gaps between the water supply inlet and the equipment or fixture shall be twice the diameter of the supply inlet line and not less than one inch. ☐ Yes ☐ No ☐ N/A

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Floor Sink	Hub Drain	Floor Drain	Direct Waste	N/A
Manual warewashing sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical warewashing sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper well(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRESSING ROOMS AND EMPLOYEE ACCOMODATIONS

Employees are required to change into uniforms at the establishment: ☐ Yes ☐ No

Dressing rooms are provided: ☐ Yes ☐ No

Describe storage facilities for employees' personal belonging (e.g., purse, coats, boots, bags, food, etc.):

TOILET AND HANDWASHING FACILITIES FOR PATRONS AND EMPLOYEES

Patron toilet rooms are located so that customers do not pass through food preparation, warewashing, or food storage areas. ☐ Yes ☐ No ☐ N/A

Employee toilet rooms are conveniently located and accessible for employee use. ☐ Yes ☐ No ☐ N/A

Fully enclosed toilet rooms with self-closing doors. ☐ Yes ☐ No ☐ N/A

Toilet rooms have adequate ventilation. ☐ Yes ☐ No ☐ N/A

Handwashing sinks provided with hot and cold water through mixing faucets. ☐ Yes ☐ No ☐ N/A

Automatic shut-off handwashing sinks provide at least a 15 second flow of water. ☐ Yes ☐ No ☐ N/A

Adequate number of urinals and toilets provided. ☐ Yes ☐ No ☐ N/A

Waste receptacles provided. Covered waste receptacles required for disposal of sanitary napkins in toilet rooms used by females. ☐ Yes ☐ No ☐ N/A

Adequate hand-drying equipment or supplies provided for handwashing sinks. ☐ Yes ☐ No ☐ N/A

Adequate number of soap dispensers provided for each handwashing sink. ☐ Yes ☐ No ☐ N/A

SOLID WASTE DISPOSAL (GARBAGE AND REFUSE) & CLEANING FACILITIES

Identify how and where garbage cans and floor mats will be cleaned:

Refuse will be disposed of into: ☐ Dumpster ☐ Compactor

Identify location of the dumpster and/or compactor:

Will grease storage containers be used: ☐ Yes ☐ No

If yes, identify location(s):

Identify the area to store returnable damaged good:

Inside containers – adequate numbers provided in convenient locations. Containers are durable, insect and rodent resistant, leak proof, and non-absorbent.

☐ Yes ☐ No ☐ N/A

Areas for garbage containers are smooth, durable, and easy to clean.

☐ Yes ☐ No ☐ N/A

Outside containers are designed to have tight-fitting lids, doors, or covers. Outside garbage area is concrete or asphalt and is smooth, durable, and sloped to drain.

☐ Yes ☐ No ☐ N/A

At least one mop sink or service sink or curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for cleaning of mops and for the disposal of mop water or similar liquid waste.

☐ Yes ☐ No ☐ N/A

Mop/broom storage provided with rack or hooks for hanging mops to dry.

☐ Yes ☐ No ☐ N/A

Location of trash can wash area:

Identify the location for chemical storage (poisonous or toxic materials):

PEST CONTROL

Describe method of pest control for establishment:

Name of professional pest control company (if applicable):

How often will the premises be serviced by pest control company?

Outer openings screened (vents, windows, doors) with 16 mesh or smaller screen.

☐ Yes ☐ No ☐ N/A

Outer doors self-closing.

☐ Yes ☐ No ☐ N/A

Air screens, plastic curtains provided on doors if needed to control flying insects.

☐ Yes ☐ No ☐ N/A

Building rodent proof. Wall openings closed. Gaps beneath doors are protected.

☐ Yes ☐ No ☐ N/A

LINENS AND LAUNDRY FACILITIES

Will linens be laundered on site? ☐ Yes ☐ No

If yes, what will be laundered and where?

If no, where will linens be cleaned?

How often will pick up be?

Identify location of clean and dirty linen storage:

STRUCTURAL DESIGN AND MATERIALS

Describe materials to be used for floors, base, walls, and ceilings in the following areas:

Dining Area –

Kitchen/Food Prep Areas –

Walk-in Refrigerator/Freezer –

Dishwashing Area –

Food Storage Area –

Toilet Rooms –

Locker/Dressing Rooms –

Janitorial Room –

Stairways –

Outside Areas/Parking Lots (walking and driving areas surfaced to minimize dust and pooling of water) -

Finish schedule attached: ☐ Yes ☐ No ☐ N/A

***Floors and floor coverings** shall be durable sealed concrete, terrazzo, quarry tile, ceramic tile, and durable grades of vinyl or plastic tile or tight-fitting wood impregnated with plastic. Floors of non-refrigerated dry food storage need not be sealed. Carpet may not be used in food preparation or processing areas, walk-in refrigerators, warewashing areas, refuse storage rooms, and toilet rooms where hand washing lavatories, urinals, and toilets are located. (6-101.11)

****Base** - junctures between walls and floors shall be coved and constructed so that no seam will be open more than 1/32 inch. Where water-flush cleaning methods, the floor shall be graded to a drain, coved and sealed. (6-201.13)

*****Walls, wall coverings and ceilings** shall be nonabsorbent, finished, and sealed to be easily cleanable and light colored in food preparation and processing areas, food storage areas, warewashing areas, walk-in refrigerators, dining areas, food display areas, retail sales areas, food service areas, dressing rooms, locker rooms, toilet rooms, servicing areas, and refuse storage rooms. Walls and ceilings of non-refrigerated dry food storage areas and rooms need not be finished and sealed; ceiling studs, rafters may be exposed and rough-surfaced materials used in dining areas. Acoustical materials shall not be used in food preparation and processing rooms, warewashing rooms, and refuse storage rooms. (6-201.11)

******Floors and walls in restrooms** shall be smooth, hard, nonabsorbent surfaces such as Portland cement, concrete, ceramic tile, or other approved material. Floor material must extend upward onto the walls at least 5". Walls shall be of said materials not adversely affected by moisture. Bars, paper dispensers, and soap holders that are provided on or within walls shall be installed and sealed to protect structural elements from moisture. (Uniform Building Code, 807.1 & 2)

LIGHTING (Artificial/Natural)

All surfaces where food employees are working with food or with utensils will have a minimum of 50-foot candles. ☐ Yes ☐ No ☐ N/A

At surfaces where food is provided for consumer self-service and at handwashing, warewashing areas, and toilet rooms, a minimum of 20-foot candles. ☐ Yes ☐ No ☐ N/A

All other areas – 30 inches from floor, a minimum of 10-foot candles. ☐ Yes ☐ No ☐ N/A

Light shielding provided in all food prep and handling areas, warewashing areas, open food storage and utensil storage areas, and single service storage areas. ☐ Yes ☐ No ☐ N/A

Lights in hoods are shielded and UL approved. ☐ Yes ☐ No ☐ N/A

VENTILATION

Describe how establishment will be ventilated to keep all rooms free from excessive heat, steam, grease, vapors, condensation, obnoxious odors, and fumes which are a result of food preparation:

Commercial kitchen hood is designed constructed, and installed according to all applicable local and state codes:
☐ Yes ☐ N/A

Type of hood:

Equipment under hood:

Hood manufacturer and model #:

Hood spec sheet and drawing provided: ☐ Yes ☐ No ☐ N/A

OTHER OPERATIONS

Cleaning materials/pesticides are not stored near food, food contact equipment, or containers, paper products. Separate storage, closed cabinets for pesticides.

☐ Yes ☐ No ☐ N/A

Pesticides used in facility are EPA approved for use in food establishment.

☐ Yes ☐ No ☐ N/A

A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting food establishment operations. Living or sleeping quarters located on the premises of a food establishment shall be separated from rooms and areas used for food establishment operation by complete partitioning and solid self-closing doors.

☐ Yes ☐ No ☐ N/A

Utility service lines and pipes are not installed on the floors, not unnecessarily exposed on walls or ceilings; those that are exposed shall not obstruct nor prevent cleaning of the floor, walls, or ceilings.

☐ Yes ☐ No ☐ N/A

Comments or additional information:

IF NOT OTHERWISE MENTIONED, THE RULES GOVERNING FOOD SAFETY AND SANITATION STANDARDS FOR FOOD ESTABLISHMENTS (IDAHO FOOD CODE) SHALL APPLY.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from South Central Public Health District may nullify final approval.

Signature: _____

Printed Name: _____

Date: _____

Approval of these plans and specification by South Central Public Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening (pre-operational) inspection of the establishment with the equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

OFFICE USE ONLYAll Sections Reviewed: ☐

SCPHD Reviewer: _____ Date of Review: _____

Approved by: _____ Date of Approval: _____

Time CodingHours

Initial Review:

Corrections/Correspondence:

Revised Plan Review:

Approval/Correspondence:

Other:

Total:

Approval Letter Sent: ☐ Yes ☐ No

Establishment Number: _____

Facility Type: _____

Risk Category: ☐ High ☐ Medium ☐ Low

County #: _____

Water: _____ Sewer: _____ (1 – Public, 2 – Private)

Status: ☐ Active ☐ Inactive

Assigned EHS: _____

Fee paid: _____ Receipt #: _____ Date: _____

Permit Issued: ☐ Yes ☐ No