



APPLICATION FOR PLAN REVIEW

Remodel/Upgrade New Construction/Existing Building New Construction/New Building

Establishment Name:			
Site Address:		Mailing Address:	
Owner Name:	Address:	Phone:	Fax:
Email:			
Contact Name:	Address:	Phone:	Fax:
Email:			
Square feet:	If Food, Menu Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicants Signature:	Application Date:		

Department Notes / Comments

OFFICE USE ONLY

Amount Received:	Payment Type:	Receipt Number:	Date Received:
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Fees:			
Spa	\$ 300.00	_____	Facility ID: _____
		(Date Paid)	
Pool			PE: _____
0-1600 sq. ft.:	\$ 500.00	_____	
		(Date Paid)	
1600 sq. ft. +:	\$ 750.00	_____	Plan Review Project Number: _____
		(Date Paid)	
Food			Plan Review: _____
0-1000 sq. ft.:	\$ 220.00	_____	
		(Date Paid)	
1001-4000 sq. ft.:	\$ 330.00	_____	
		(Date Paid)	
4001 sq. ft. +:	\$ 550.00	_____	
		(Date Paid)	