



2010 Food Service Equipment Application

Property Address: _____ Unit # _____

Business Name: _____

Main Contact: _____ Phone: _____

Property Owner Information

Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email: _____

Architect/General Contractor Information

Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email: _____

General Information

Specific Description of Work to be Completed

- New Construction
- Addition to Existing Facility
- Remodel Existing Facility
- Used Equipment Evaluation

Permit fee: \$50 + 1.75% of permit valuation

When applicable a plan review charge equal to 35% of the food equipment permit fee will be added

Additional Information

Expected Completion Date: _____

The following items must be submitted with this application:

- Provide a copy of menu or menu information
- Provide a list of all equipment to be installed
- Provide a copy of a full set of food equipment plans

Equipment Job Cost

New Equipment: _____

Used Equipment: _____

TOTAL COST: _____

Applicant's Signature _____ **Date** _____

For Office Use Only

Permit # _____ Approved By/Date: _____ Issued: _____

Entered: _____ Plan Review: Yes No Fee Total: _____