

| Name | Address | Phone /Email |
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(attach a separate sheet if necessary)

[illegible]

Indicate Who Will be Responsible for The Maintenance of the Handwash Facilities and Toilets:_____

If Portable Toilets are Used How Often will they Be Serviced:_____

Describe the Potable Water Supply:_____

Describe the Wastewater Disposal System:_____

Describe the Garbage Disposal_____

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

Signature

Date

Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed establishment. A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.