

HEALTH DEPARTMENT PLAN REVIEW

- FOR:
1. Addition up or out, 3 Season Rooms, Decks - Fee \$100.00
 2. Garages, Sheds, Pools – Fee \$100.00
 3. New Food Establishments – Fee \$100.00
 4. Commercial Food Establishment Retrofits – Fee \$100.00
 5. Plan Review – Fee \$100.00
 6. Septic Plan Review – Fee \$100.00
 7. Soil Testing – Fee \$120.00 per lot
 8. B100a Review – Fee \$100.00

DATE: _____

STREET: _____

PROPERTY OWNER: _____

TELEPHONE NUMBER: _____

Signature of Owner: _____

Signature of owner

Print name: _____

Print name

Signature of Agent: _____

Signature of Agent

Print name: _____

Print name of Agent

Telephone number of Agent: _____

Email Address: _____

DESCRIBE PROJECT: _____

Please submit any documents that will help in describing your project.

NOTE: The property owner is responsible for providing accurate and appropriate information.

This approval is for Health Department only.

Approve: _____ Date: _____

Rejected: _____ Date: _____

Comments: _____

☐ Plan Review fee \$100.00

Date

Check #

☐ Plot Plan of Property

Healthdept/Applications-formshealthdept/HealthDepartPlanReviewApplic