

# Clark County Health Department

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## Plan Review Application

Please check one of the following options:

New Facility\_\_\_ Major Renovations\_\_\_ Minor changes\_\_\_ No changes\_\_\_

Facility Information-Please Print Clearly:

Facility Name\_\_\_\_\_

Address of Facility\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Applicant Information-Please Print Clearly:

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

The Clark County Health Department requires plans and specifications for all new construction or renovation of existing food establishments submitted before construction. Early submittal allows time for review and changes if needed. These basic requirements will help ensure that your food establishment will have equipment that will meet the needs of your establishment and meet current public health requirements. Plan review fee is \$50 and is due at the time of floor plan submittal.

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

**The plan review process will NOT begin until the Environmental Health Division of Clark County Health Department has received all of the following items. After completion of the application, you will receive a letter of approval by CCHD.**

*For Office Use Only*

	<u>Date Submitted</u>	<u>Date Approved</u>
Plan Review Application	_____	_____
Architectural Plans	_____	_____
Equipment Spec. Sheets	_____	_____
Menu	_____	_____