

Plan Review Application

Application Date:	Construction S	tart Da	te:	Planr	Planned Opening Date:		
Indicate Number of	of Seats in Each A	rea: Indoor:		Outdoor:			
Choose One:	Extensi	Extensively Remodeled(currently licensed)			Conversion of an existing structure		
Brief Description of	Work:						
ESTABLISHMEN	IT/DBA INFORM	ATION:					
ESTABLISHMENT/DBA	NAME:					COUNTY:	
ESTABLISHMENT STRE	ET ADDRESS:		CITY:				STATE: ZIP:
EMAIL ADDRESS:						ESTABLISHME	INT PHONE NUMBER:
TYPE OF RETAIL	FOOD ESTABLIS	HMENT (check all	that ap	oply)			
Full Service Restaurant	🗌 Bar			st Food	Coffee Shop		Market(Grocery)
☐ School Food Program	Deli		🗌 Cat	atering Operation		or Dining	Concession
☐ Meat Market	☐ Manufacturer with Retail Sales		Convenience Store		☐ Othe	er	
CONTACT INFORMATION - TITLE: During Plan Review Process		ITLE:		PHONE NUMBER:	EMAIL A	ADDRESS:	
NAME OF FOOD SERVI	CE MANAGER:						
NAME OF ARCHITECT:							
NAME OF CONTRACTOR:							
 Equipmer Equipmer Lighting s Plumbing Complete Copies of 	nt layout plans nt specifications nt schedules chedules schedules d Waukesha Cou other approvals the Finish Sched	unty Plan of Opera	- ation fo eration	of the food establishmer		DATE SIGNED:	
Please mail or er		. .				DATE SIGNED:	

Please mail or email application to:

Waukesha County Division of Environmental Health, 515 W. Moreland Blvd, Room AC 260 Waukesha, WI 53188 <u>eh@waukeshacounty.gov</u>

This institution is an equal opportunity employer.

Room Area	Floor	Floor Wall Junctures	Walls	Ceiling				
Food Preparation								
Dry Food Storage								
Warewashing Area								
Nalk-in Refrigerators and Freezers								
Service Sink/Mop Sink								
Refuse Area								
Foilet Rooms and Dressing Rooms;								
Dther: Indicate								