I. TYPE OF ESTABLISHMENT (Check all applicable 1-13)
   1. Restaurant—Catering
   2. Restaurant—Sit down service with seating for customers
   3. Mobile Food Unit
   4. Retail Market—Full processing
   5. Retail Market—W/ Deli
   6. Retail Market—Prepackaged or limited to slicing cold cut sandwiches only
   7. Bed & Breakfast
   8. Restricted
   9. Salvage Processor/Dealer
   10. New Establishment-Name
   11. Existing Establishment-Permit Number
   12. Number of Employees (per shift)

II. PLUMBING FIXTURES (indicate number)
   A. Three Compartment sinks w/ drainboards
   B. Two Compartment sinks
   C. Service and/or Mop sinks
   D. Handwashing lavatories in food prep/utensil washing areas
   E. Other sinks in food handling areas (bar, vegetable, etc.) Describe and locate
   F. Commercial Dishwashing machine-type
   G. Number of restrooms; Men: Closets Urinals Women: Closets
      Lavatories
   H. Number of floor drains. Locations
   I. Equipment drains. Indicate which units have drains and where they discharge.
   J. Backflow preventers. Give locations and types
   K. Size of Hot water heater gallons
   L. Sewage disposal system. Type and size
   M. Water: Municipal/Private

III. BUILDING CONSTRUCTION
   A. Type of Floor Materials/Finishes
      1. Preparation/utensil washing areas
      2. Storage areas
      3. Service or display area
      4. Toilet room areas
   B. Type of Wall Materials/Finishes
      1. Preparation/utensil washing areas
      2. Storage areas
      3. Service or display area
      4. Toilet room areas
   C. Are floor and wall junctures coved? Yes( ) No( )
   D. Type of Ceiling Materials and Finishes
      1. Indicate types and where used
   E. Lighting
      1. Food Prep
      2. Dishwashing
      3. Food storage
      4. Dining
      5. Toilet rooms
      TYPE SHIELDED  (30 fcp req.)
   F. Ventilation—Food Preparation Areas
      1. Description
      2. CFM Area ventilated in cubic feet
      3. Make-up air source
      4. Location of air discharge in relation to air source
   G. Method of Garbage Disposal

I certify that the above information is correct to the best of my knowledge and accurately reflects my plans for the completed establishment.

Signed
Title
Date