

MONTGOMERY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION
3060 Mobile Highway
Montgomery, AL 36108
Phone: (334) 293-6452
Fax: (334)293-6410

For Department Use Only
Date Rec'd _____
Fee Code _____
Fee Amount _____
Client # _____
Permit # _____
PHE _____

FOOD Plan Review Application

New Construction Conversion Construction Remodel

Name of Establishment: _____

Establishment Address or Location: _____

City: _____ Alabama Zip Code: _____

Owner: _____

Corporation Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____ E-mail: _____

Architect: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____ E-mail: _____

Contact Person: _____

Phone: _____ FAX: _____ E-mail: _____

Total Square Feet of Building: _____

Seats (Food Service): _____

Residents (Child Day Care): _____

(Note: Seating/Resident Capacity # designated by Fire authorities)

Type of Service (check all that apply):

Seated Dining:

Carry Out/Delivery:

Catering:

For Mobile Units Please Include The Following Information

Commissary Name : _____ Mobile Food Unit/Pushcart

Commissary Address: _____

Commissary Permit #: _____ Number of Units: _____

I hereby certify that the above information is correct, and I understand that omission of any requested information may delay approval of the submitted plans. I am aware that completion of this application does not grant me permission to begin construction, conversion, or remodeling and that doing so constitutes a violation of Chapter 420-3-22, Rules of Alabama Board of Health for Food Establishment Sanitation, 2008.

Signature: _____ Title: _____ Date: _____