

KNOX COUNTY GENERAL HEALTH DISTRICT

**APPLICATION FOR
FACILITY LAYOUT AND EQUIPMENT REVIEW**

NAME OF OPERATION _____

LOCATION _____
House # Street (Road#) City/Village/Township

MAILING ADDRESS (if different) _____

NAME OF OWNER _____

ADDRESS _____ PHONE _____

RESPONSIBLE INDIVIDUAL _____

ADDRESS _____ PHONE _____

AUTHORIZED REPRESENTATIVE (if other than owner)

NAME _____

MAILING ADDRESS _____ PHONE _____

Check most appropriate box:

Architect Contractor Supplier Operator
 Other (specify) _____

PLANS REPRESENT: New construction
 Remodeling/Alteration
 Addition/Expansion

PROJECTED TOTAL SEATING CAPACITY: Regular seating _____
Banquet seating _____

CONSTRUCTION PLANS: Anticipated start date: _____
Anticipated completion date: _____

Return application with plans and plan review fee for new kitchen facility: **\$ 200.00**
Or fee for an existing kitchen facility: **\$100.00**

**Knox County Health Department
Environmental Division
11660 Upper Gilchrist Road
Mount Vernon, OH 43050**

.....
For office use only:

Date plans received: _____ CK# _____ Receipt# _____ By _____
Sanitarian review: _____

[] Approved [] Not approved Date _____ Sanitarian _____