

**SHELBY COUNTY HEALTH DEPARTMENT**

**ENVIRONMENTAL DIVISION**

2000 COUNTY SERVICES DRIVE  
P.O. BOX 846  
PELHAM, AL 35124  
Phone: (205) 685-4178  
Fax: (205) 664-3411

**For Department Use Only**

Date Rec'd \_\_\_\_\_  
Fee Code \_\_\_\_\_  
Fee Amount \_\_\_\_\_  
Client # \_\_\_\_\_  
Permit # \_\_\_\_\_  
PHE \_\_\_\_\_

## Application for Food and Lodging Plan Review

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 \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total Square Feet of Building: \_\_\_\_\_

# Seats (Food Service) \_\_\_\_\_

# Residents (Child Day Care): \_\_\_\_\_

# Rooms (Hotel): \_\_\_\_\_

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: \_\_\_\_\_