

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: _____