

Please fill out, sign, and submit this application with a set of plans, a menu, and \$217 Plan Review/Preoperational Inspection Fee to the Kitsap Public Health District at the above address. An additional \$54 may be charged if this is a High Risk establishment. The establishment risk category (low or high) will be determined during the plan review process. *Note: not all of the following criteria may be applicable to your type of establishment, and ADDITIONAL criteria may be required.*

1. Name of Establishment \_\_\_\_\_  
 Parcel Tax ID Number \_\_\_\_\_  
 Establishment Address \_\_\_\_\_ City \_\_\_\_\_  
 Owner/ Contact Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

2. Have you received location approval for your establishment from either the Kitsap County Department of Community Development, City of Bainbridge Island, City of Bremerton, City of Port Orchard, or City of Poulsbo? Yes  No

3. Septic or Sewer? -Please check the situation that applies to your establishment.

\_\_\_\_\_ Establishment on septic. Obtain a Building Site Application or a Commercial Building Clearance letter from the Kitsap Public Health District On-site Sewage System Program (OSS) - (360) 728-2235. The OSS Program will forward an accepted copy to the Food Program for our records.

\_\_\_\_\_ Establishment on sewer. A Water Availability for Sewered Properties form may be required. Please contact the Food Program – (360) 728-2235 to make this determination. If required, please submit a copy of this completed form, a Sewer Availability Letter from your Sewer District, and a “binding” Water Availability Letter from your Public Water System.

4. Water Supply ID# \_\_\_\_\_ Water Supply Name \_\_\_\_\_ If unsure, call the Kitsap Public Health District Drinking Water Program to help determine this information- (360) 728-2235.

5. Handwashing

Hand wash sink available in the food preparation areas. Handwash sinks are only for washing hands.

6. Food Preparation

Designated sink(s) to wash, soak, rinse, drain, cool, thaw, or other food processes that require placement in a sink.

7. Plumbing: Check items that are present. These must be indirectly plumbed to the sewer system.

Food preparation sink     Ice machine     Dipper well     Warewashing equipment

Beverage ice sink     Salad bar     Other \_\_\_\_\_

Carbonated beverage dispensing machines have properly installed dual check valve or approved reduced pressure backflow assembly

8. Warewashing (*check the type that applies*)

A three-compartment sink for the manual washing of dishes. Sink compartments must be large enough to accommodate the largest dish/utensil.

Commercial dishwasher with heat sanitizing cycle, or approved chemical sanitizing rinse, and a three-compartment sink.

9. Mop Sink

Mop sink available for disposing wastewater.

10. Toilet Facilities

Employee restroom available.

Toilet facilities available for patrons if seating is provided at the establishment.

11. Finish Schedule

Walls, floors, ceilings, or any other surface in the food preparation area, are smooth non-absorbent and of durable construction as to be easily cleanable.

12. Customer seating capacity:

0-25     26-75     76-100     >100

A plan review inspection will be performed upon acceptance of this application and review of the plans. This is to verify and address deficiencies and is a requirement before an acceptance letter can be issued.

I have noted the items that pertain to my proposed food establishment. I understand that any changes or omissions that are not noted prior to the pre-operational inspection may result in postponement of the food establishment permit. **This application will expire ONE YEAR after submission date.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Owner / Person in charge*

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(For Office Use Only)

New establishment     Remodel

Inspector's initials for approval \_\_\_\_\_