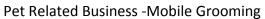
# **Plan Review Application**





Desired Opening Date	// Plan review applications must be submitted a minimum of 30 days prior to opening				
Plan Review Fees: ☐ New	Operation (Base Permit ) \$184.80				
☐ Multiple Permits \$184.80 (for more than one permit at this location of the same business owner)  Plan reviews taking more than one hour of service will be charged our hourly rate of \$184.80 after the first hour. You will receive a bill for this additional service which must be paid before a permit will be issued. Permit fees are separate from plan review fees.					
☐ Mobile Pet Grooming - <b>4</b>	531 # Vehicles				
	Facility/ Business Information *Facility name and information				
Name of Business/Facility					
	State Zip code				
Business phone	Business Fax				
	Business Owner Information *Requestor				
Requestor Name					
Business Name and Addres	s (if different from facility name)				
Requestor phone number _	Requestor email				
	Contact Person (if different from requestor) * Plan Check				
Contact phone	Contact email				
	* for office use only these are the required fields to be completed in for data entry				
Payment Amount \$	Payment Information				
☐ Check or Money Order	Payable to SKCDPH) UISA MasterCard Discover Cash (In-person only. Do not mail cash)				
Credit Card Billing Info	Address				
	City StateZip				
Card Number	Card Expires / 3 Digit Code				
Required Signature (as on	Credit card) Date				
Return completed forms a	nd plans with payment to:				
Public Health – Seattle & K	ing County, Environmental Health Services, 401 – 5th Avenue, Suite 1100, Seattle, WA 98104				
	Office Use Only				
	PE# PR#				
Date plans received	Date plans approved				
Inspector assigned to					



### **Pet Related Business Plan Review Submittal**

### **PET MOBILE GROOMING**

Cover Sheet - \*REQUIRED\*

Please place this cover sheet on top of the plans or on the outside of a set of plans. All of the following information must be submitted in the following order. Incomplete plans will not be accepted until all required information is received. Only completed plans will be processed and reviewed. For questions please contact Leah Helms at <a href="mailto:leah.helms@kingcounty.gov">leah.helms@kingcounty.gov</a> or 206-263-8450.

Establishment Name:			Phone:	-	
			City		7:
;	Street		City		Zip
Applicant/Con	tact Person for Plans	5	Phone:		
Mailing Addre	ss:				
	Street	City	State	Zip	
Fax:		Email:			

### Page number in plans or specifications should be noted below.

Please Check if Item included	Item	Information Required	Location in Plans (page #)	Public Health Notes
	Plan Review Application	Application must be complete		
	Plan Review Fee	-New: \$184.80 (1 hour base) -Remodel: \$184.8 (1 hour base) -Resubmitted Plans: \$184.80 hr *Hourly rate of \$184.80 charged after the base time		
	Infection Control Plan	Template can be downloaded from www.kingcounty.gov/healthservices/health/ehs/petbusin esses.aspx		
	Vehicle Make	Vehicle Make and Model, license plate, specifications		
	Floor Plan Can be hand drawn	Lay out of the interior of the vehicle. Include barriers, walls, locations of animal enclosures and entry/exit of the vehicle. Include locations of restrooms, all plumbing fixtures including sinks, tubs, tables, equipment. All equipment should be clearly labeled on the site plan with its common name.		
	Equipment Schedule	List the make and model of all equipment (kennels, dryers, primary animal enclosures). Include any custom built enclosures/ equipment or cut sheets if available. Include capacity of fresh and waste water.		
	Finish Schedule	List the finish of the floors, walls and ceilings in all areas.		

### **Instructions:**

This template is provided as guidance; you can fill out the template or submit the information in your own format. Attach a drawing of your site plan. If you are going to submit information in a format other than this template; make sure that all items listed in this guidance are included. If something does not apply to your business, mark it as NA.

General Operational Information:						
Business Name:						
Hours of Operation:						
Types of animals to be groomed. Check all that apply.						
Cats						
Dogs						
Rabbits						
Other:						
Laundry Facilities (Describe where laundry will be conducted):						
Fresh water fill and waste water disposal type and locations:  Sewer type: Public Septic/Private  Water supply: Public Well/Private  Waste water disposal plan (describe where waste water will be disposed ):  No wastewater containing animal excrement or chemicals may drain into a storm drain or on the ground.						
Fresh Water Capacity in Gallons :						
Waste Water Capacity in Gallons:						
Make and Model of Mobile Grooming Vehicle (attach supplemental descriptions and diagrams)						
VEHICLE LICENSE PLATE:						
VEHICLE REGISTERED TO:						

**Interior Finish Schedule.** Indicate which type of material will be used in the following areas. If something does not apply to your business, mark it as NA. If you have more than what is listed on this sheet or you have something that is not covered please write it on a separate sheet of paper.

	Floors	Walls	Base/Cove	Comments	
Example:	slip resistant	Epoxy painted	Vinyl base cove		
	truck bed	from floor seam	with silicone		
	lining	to three feet	sealant at base		
	Ū	high on the wall	and seams		
Bathing / Grooming area		,			
<i>C</i> , <i>C</i>					
Other:					
other.					
	<u> </u>				
Describe type of interior hea	ting and cooling				_
					-
Describe type of lighting					
Describe ventilation in the vehicle					

The following materials and substances are considered **water resistant**: painted or sealed wood, sealed concrete block, stainless steel, vinyl flooring, glass, treated or sealed paneling, fiberglass, tile, tile block and other materials as approved by the director.

# **Animal Enclosures**. Indicate all that apply. If something does not apply to your business, write NA.

	Quantity	Type of material	Comment/Notes
Crates			

**Plumbing Schedule.** Indicate all plumbing connections applicable to the facility. If something does not apply to your business, write NA.

	Quantity	Comments
Chemical dispensers		
Example: Automatic		
disinfectant dispensers		
Floor drains		
Bathing tubs		
Sink		
Water Heater(s)		
(Indicate size & recovery		
rate)		
Other:		

# **Equipment Schedule.** Indicate all equipment used.

If something does not apply to your business, write NA.

	Quantity	Manufacturer	Model #	Comment/Notes
Tub				
Grooming Tables				
Dog drying machines Cage and kennel dryers				
Other:				