MOBILE FOOD UNIT PLAN REVIEW APPLICATION

OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before your unit can be issued a license and approved to operate. Please contact the Klamath County Environmental Health Office (541) 883-1122 for an inspection prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of the mobile Food Rules. Incomplete plans may be returned for completion.

Name of Business:					
Address:			Phone #		
	Number	Street	City	State	Zip Code
Name of Owner:					
Address:			Phone #		
	Number	Street	City	State	Zip Code
Contact Person:					
Address:			Phone #		
	Number	Street	City	State	Zip Code

Type of Construction: New Mobile Food Unit: ☐ Major Remodel: ☐ Previously Licensed**(*1):** ☐

Class (circle one): I II III IV Are you proposing to operate without a base of operation? _____

Plan Review approval should be sent to: Owner: ☐ Contact Person: ☐

Expected date that the unit will be ready for a preoperational inspection: _____

Application is hereby made for plan review of the above Mobile Unit in compliance with the provisions of the Oregon Administrative Rules, OAR Chapter 333 Division 162 requires that plans be submitted to the assistant director (authorized representative) and Environmental Health Specialist for review and commented on before construction, remodeling, or conversion is begun. Payment of the $_____ plan review fee is hereby made with the understanding that OAR 333-162-0000 requires that plans be submitted for review when a food service facility is constructed or extensively remodeled. All construction must conform to OAR 333-162-0000 through 333-162-1020 as printed in the "Mobile Food Unit Rules" published by the Oregon Department of Human Services. And OAR 333-162-1010 requires that the food service facility be inspected prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of these rules. All information contained in this record is public.

* Please refer to fee schedule or call our office for information regarding Plan Review fee.

Make Check Payable To: **Klamath County Environmental Health**

Applicant's Signature: _____ Date: _____

Print Name: _____

NOTE: THE FEE MUST ACCOMPANY THIS APPLICATION

Fee Received:	Date:	By:
Check #:	Cash:	Receipt #:

(*1) Mobile Food Unit plan review fee and plans/drawings are not required if the unit was previously licensed in the State of Oregon and documentation of licensure approval is provided.