

APPLICATION FOR PLAN REVIEW
 (Please type or print in blue or black ink)

ESTABLISHMENT NAME (dba):		CHECK IF APPLICABLE:				
		<input type="checkbox"/> BLDG PERMIT APPLICATION SIGN-OFF REQUIRED <input type="checkbox"/> PRELIMINARY LIQUOR DISPENSER APPROVAL ONLY				
ESTABLISHMENT LOCATION ADDRESS:			TAX MAP KEY			
STREET:			ZONE	SECTION	PLAT	PARCEL
CITY: _____ ZIP CODE: _____						
OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other):						
CONTACT PERSON:				CONTACT PHONE NO.:		
I understand that approval of the submitted plan is contingent upon compliance with the requirements of Hawaii Administrative Rules, Title 11, Department of Health.						
DATE _____		SIGNATURE OF OWNER/AGENT WITH AUTHORITY _____				
PHONE # OF OWNER/AGENT WITH AUTHORITY _____		PRINT NAME _____		TITLE _____		
OWNER/AGENT MAILING ADDRESS:						
STREET:						
CITY: _____		STATE: _____		ZIP CODE: _____		
(OFFICIAL USE ONLY) FEE AMOUNT: (Circle One) (NON REFUNDABLE)						
		Food Establishment	\$200	\$300	No Fee	
		Swimming Pool	\$200			
Payable to: STATE OF HAWAII						
Submit application and fee to:		MAUI DISTRICT ENVIRONMENTAL HEALTH OFFICE 54 HIGH STREET, ROOM 300 WAILUKU, HI 96793				
(FOR OFFICIAL USE ONLY) COMMENTS (Continue on back):						

I have been informed and received a copy of the deficiencies listed above that must be corrected before plan approval.

Signature of owner/agent _____ Print name _____ Date _____

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By
PLAN RECEIVED BY: NAME: _____ DATE: _____ REFERRED TO: _____				
PLAN PICKED UP FOR REVISION: NAME: _____ DATE: _____ DATE RESUBMITTED: _____				
PERSON NOTIFIED OF PLAN APPROVAL: NAME: _____ DATE: _____				
APPROVED BY: _____				
Date		Signature of Agent/Dept. of Health		