



Cowlitz County Health & Human Services Department

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www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
VACANT District 3

PLAN REVIEW RECEIPT

ALLOW AT LEAST 30 DAYS from the date submitted for review of plans.

PLANS FOR:

- Food Establishment Public Water System
- Other _____

ADDRESS OF PROPOSAL: _____

SUBMITTED BY:

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CONTACT:

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Submitted by:

Signature

Date

OFFICE USE ONLY

Received by: _____ Date Received: _____

Type of Plan Review:

- Minimum \$300 (5649)
 - Complex \$600 (5620)
 - Multiple Permits \$1200 (5621)
 - On-Site Inspection \$300 (5623)
 - Limited \$380 (5622)
 - Pre-Application Meeting \$150 (5608)*
- *Payment to be applied towards plan review fee if plans submitted within 6 months

Water System \$600 (5207)

Fast Track Fee (6020 – Food & Drinking Water)

Total Fee Paid: _____ Date Paid: _____ Clerk Initials: _____ Client ID Number: _____

Date Entered into Database: _____ By: _____

Date of Final Review/Approval: _____ By: _____