

Keith Winkler, REHS
 Director of Public Health Services

Michael L. Mac Lean, M.D., M.S.
 Health Officer



COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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 Environmental Health Services
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KINGS COUNTY DIVISION OF ENVIRONMENTAL HEALTH SERVICES

PLAN CHECK APPLICATION

| | |
|------------------------------------|------------------------------|
| Name of Project or Business | Location Address/City |
| | |

| | | |
|---------------------|--------------|---------------------------------|
| Owner's Name | Phone | Mailing Address/City/Zip |
| | | |

| | | |
|------------------------------|--------------|---------------------------------|
| Architect or Designer | Phone | Mailing Address/City/Zip |
| | | |

| | | |
|-----------------------|--------------|---------------------------------|
| Contact Person | Phone | Mailing Address/City/Zip |
| | | |

| | |
|-----------------------------------|-------------------------|
| Name of Party to be Billed | Address/City/Zip |
| | |

| | | |
|------------------------------|-------------|---------------------------|
| Applicant's Signature | Date | Title/Organization |
| | / / | |

| Log No. | Type | Reviewer | Received Date | Response Date |
|---------|------|----------|---------------|---------------|
| | | | / / | / / |

| Hours | Date | From | To | Service Description |
|-------|------|------|----|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

_____ **Total Billing Hours X \$107.00 per Hour = \$** _____

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