

Plan Review Application
Pet Related Business -Mobile Grooming

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.

Type of services to be provided (check all that apply):

Mobile Pet Grooming - 4531 # Vehicles _____

Facility/ Business Information *Facility name and information

Name of Business/Facility _____

Address _____

City _____ State _____ Zip code _____

Business phone _____ Business Fax _____

Business Owner Information *Requestor

Requestor Name _____

Business Name and Address (if different from facility name) _____

Requestor phone number _____ Requestor email _____

Contact Person (if different from requestor) * Plan Check

Contact Person _____

Contact phone _____ Contact email _____

* for office use only these are the required fields to be completed in for data entry.

Payment Information

Payment Amount \$ _____

Check or Money Order (Payable to SKCDPH) VISA MasterCard Discover Cash (In-person only. Do not mail cash)

Credit Card Billing Info Address _____

City _____ State _____ Zip _____

Card Number _____ Card Expires ___ / ___ / ___ 3 Digit Code _____

Required Signature (as on Credit card) _____ Date _____

Return completed forms and plans with payment to:

Public Health – Seattle & King County, Environmental Health Services, 401 – 5th Avenue, Suite 1100, Seattle, WA 98104

Office Use Only

SR# _____ 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 leah.helms@kingcounty.gov or 206-263-8450.

Establishment Name: _____ Phone: _____

Site Address: _____
Street City Zip

Applicant/Contact Person for Plans _____ Phone: _____

Mailing Address: _____
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
<input type="checkbox"/>	Plan Review Application	Application must be complete		
<input type="checkbox"/>	Plan Review Fee	-New: \$184.80 (1 hour base) -Remodel: \$184.8 (1 hour base) -Resubmitted Plans: \$184.80 hr <i>*Hourly rate of \$184.80 charged after the base time</i>		
<input type="checkbox"/>	Infection Control Plan	Template can be downloaded from www.kingcounty.gov/healthservices/health/ehs/petbusinesses.aspx		
<input type="checkbox"/>	Vehicle Make	Vehicle Make and Model, license plate, specifications		
<input type="checkbox"/>	Floor Plan <i>Can be hand drawn</i>	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.		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	Finish Schedule	List the finish of the floors, walls and ceilings in all areas.		

PLEASE PRINT

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.

<input type="checkbox"/>	Cats
<input type="checkbox"/>	Dogs
<input type="checkbox"/>	Rabbits
<input type="checkbox"/>	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:

PLEASE PRINT

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
<i>Example:</i>	<i>slip resistant truck bed lining</i>	<i>Epoxy painted from floor seam to three feet high on the wall</i>	<i>Vinyl base cove with silicone sealant at base and seams</i>	
Bathing / Grooming area				
Other:				

Describe type of interior heating 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			

PLEASE PRINT

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

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