



Rose Mary Rahn  
Director

Milton Teske, M.D.  
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



## KINGS COUNTY DIVISION OF ENVIRONMENTAL HEALTH SERVICES PLAN CHECK APPLICATION

|                                    |                              |
|------------------------------------|------------------------------|
| <b>Name of Project or Business</b> | <b>Location Address/City</b> |
|                                    |                              |

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

|                              |              |                                 |
|------------------------------|--------------|---------------------------------|
| <b>Architect or Designer</b> | <b>Phone</b> | <b>Mailing Address/City/Zip</b> |
|                              |              |                                 |

|                       |              |                                 |
|-----------------------|--------------|---------------------------------|
| <b>Contact Person</b> | <b>Phone</b> | <b>Mailing Address/City/Zip</b> |
|                       |              |                                 |

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>Name of Party to be Billed</b> | <b>Mailing Address/City/Zip</b> |
|                                   |                                 |

|                              |             |                           |
|------------------------------|-------------|---------------------------|
| <b>Applicant's Signature</b> | <b>Date</b> | <b>Title/Organization</b> |
|                              | / /         |                           |

**FOR OFFICE USE ONLY**

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

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

**\_\_\_\_\_ Total Billing Hours X \$122.00 per Hour = \$\_\_\_\_\_ Invoice #: \_\_\_\_\_**

H:\FORMS\FORMS\APPLICATIONS\2015 APPLICATIONS\Plan Check Application 7/26/2023.DOC