Public Health
Prevent. Promote. Protect.
Kings County Health Department

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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	Mailing Address/City/Zip

Applicant's Signature	Date	Title/Organization
	/ /	

FOR OFFICE USE ONLY

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

Date	From	To	# of Hours	Service Description

_____Total Billing Hours X $113.00 per Hour = $_____Invoice #:_____

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