



Skagit County Public Health

Environmental Health

Food & Living Environment

Food Establishment Plan Review Information

When do you need a plan review?

All retail food establishments must go through plan review at first construction and whenever:

- The business changes owners
 - For operational changes in ownership (for example, a new franchise owner) without ANY changes to the facility, equipment, or menu, you must apply for a plan review
- You remodel or add new equipment
- You significantly change the menu or the way food is prepared

How do I apply for a plan review?

1. Contact your local zoning, building, and fire authorities. See Appendix B of the application.
2. Fill out the plan review application packet and submit it with ALL required documents.
 - a. Mail/drop off paper copies at the office
 - b. Email electronic copies to EH@co.skagit.wa.us
 - c. Incomplete applications will not be accepted.
3. Pay the applicable plan review fee & any consultation or variance fees.

How long does it take, and how do I know if my plans are approved?

- Allow at least 30 days for your reviewer to contact you by email with any questions or comments
 - If you cannot use email, tell us at the time of application
 - The reviewer may require that you change your design or processes.
- The reviewer will send you a written approval form when your plans are approved.
- Your application will stay on file for approval for up to 2 years. After 2 years, you must reapply.

When can I open?

- You must pass a pre-opening inspection by Skagit County Public Health AND pay for your permit before you can open.
 - Make sure you have all final approvals from building, fire, L&I, etc. BEFORE you call for your health inspection.
 - Call at least 2 weeks ahead to make sure we can get you scheduled.
 - AFTER you pass the inspection you will receive approval to permit.

What training do I need to open a food establishment in Skagit County?

- ALL food workers must have a current Washington State Food Worker Card
- AT LEAST ONE person associated with the business must have a current Food Protection Manager Certificate unless your reviewer determines you are a Risk Level 1 food establishment.

Where can I find more information about food establishment requirements?

See Washington State Code Chapter 246-215: Food Establishments online at

<https://apps.leg.wa.gov/WAC/default.aspx?cite=246-215&full=true>.

301 Valley Mall Way STE 110, Mount Vernon, WA 98273 | Phone 360-416-1500 | Fax 360-416-1501

EH@co.skagit.wa.us | www.skagitcounty.net/food

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What equipment do I have to have in a food establishment?

At a minimum you must have:

- Permanent connection to an approved public water system and a public sewer system OR approved onsite sewer system (OSS)
 - **Establishments on an OSS: provide an evaluation letter from a licensed septic designer with your application**
- Hot and cold running water to provide water at least **100°F** at each handwashing and dishwashing sink.
- At least one dedicated hand washing sink in each food preparation or warewashing area and restroom
 - Handwashing sinks in food preparation areas must be within 25 ft and easily accessible
 - Every handwashing sink must have paper towel & liquid soap dispensers.
- Three-compartment dishwashing sink big enough to immerse the largest cooking tool
 - The sink must have drain boards on both sides & be **indirectly** drained
 - This sink may **only** be used for washing dishes and food equipment
- No cross connections at sinks or other equipment connected to the water supply
 - Air gaps between the faucets and the flood level rim of the plumbing fixtures (sinks) must be at least twice the diameter of the water supply inlets and not less than one inch
 - Sinks with a hose or other submerged inlet need appropriate backflow prevention
 - Equipment such as espresso machines, soda carbonators, chemical dispenser, steam ovens, and pitcher rinsers may need additional backflow prevention.
- Designated space to store dirty equipment/utensils/dishes & to allow clean equipment to air dry
- Restrooms for staff with flush toilets and hand wash sinks
 - Restrooms must be available for customers if you have on-site seating.
 - Customers must not pass through food prep areas to reach the restroom.
- Commercial food equipment certified by ANSI-accredited program (such as NSF) and that is adequate for the intended use
 - See examples of acceptable certifying marks on **Page 5** of the plan review application.
 - Food contact surfaces of utensils and equipment must be durable, non-toxic, and corrosion resistant
- Walls, floors, ceilings, partitions in food preparation and food storage areas must be durable, lightly colored, smooth, non-absorbent, accessible for cleaning, and easily cleanable.
 - Install cove base at all areas around sinks and anywhere that will be mopped or wet cleaned.
- Lighting that is adequate and has shatter proof covers in all food preparation and storage areas
- Storage adequate and appropriate for all food service operations, including food storage, employee personal belongings, cleaning supplies, garbage
- Screens on windows, entrances, exits, and any other openings sufficient to exclude pests
- Garbage containers must be durable, easily cleanable, leak proof covered
 - A designated garbage room or sanitary outdoor trash pad must be identified in your plans.
- Mop sink or curbed cleaning facility connected to sanitary sewer for rinsing mops and floor mats & disposing of mop water

Depending on your menu & operations, you may also need:

- Designated raw meat preparation area & raw meat prep sink to prevent cross contamination
- Food preparation sink to wash fruits, vegetables or rapidly cool hot food
- Grease trap or intercept. Check with your local building or sewer authority or a licensed septic designer.



Skagit County Public Health
Environmental Health
Food & Living Environment
Food Establishment Plan Review
Application – FIXED LOCATION

2026	
Office Use Only	
Est. ID: _____	INV#: _____
RCVD Date: _____	By: _____
EH Use Only	
Risk Level _____	Reviewer: _____
Date Appr.: _____	Permit Date: _____

Incomplete applications will not be accepted. Fees are not refundable. Applications are valid for up to 2 years. Additional fees may apply for staff review of equipment variances, special processes, or if you request a consultation. Contact your plans reviewer for an estimate of additional charges.

Fees	Check the appropriate application type. Fees are waived for DFDO applicants with proof of eligibility.	
	<input type="checkbox"/> Tier 1: Change in permit holder of actively operating establishment without any other changes	\$360
	<input type="checkbox"/> Tier 2: Changes to equipment, remodel, significant menu change, or existing establishment closed one year or less	\$515
	<input type="checkbox"/> Tier 3: New construction, conversion of non-food establishment, reopening existing establishment closed for more than year	\$745
	Total: \$	

Provide the name and contact information of the cardholder if you wish to pay by credit/debit card.
DO NOT ENTER THE CARD INFORMATION.

Card	Cardholder Name			
Pmt	Cardholder Phone			

Establishment	Establishment Name				
	Street Address				
	City, State, Zip				
	Phone			Email	
	Owner Name			UBI	
	Ownership Type	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation

Contact	Contact Person	Role		
	Project Start	Completion Date		
	Phone	Email		

Other AHJ	Contact your local planning, building, and fire departments. If they have any comments, note them here or attach.			
	Comments from planning/building/fire:			

History	Has this location been previously permitted by Skagit County Public Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name & Date Closed		

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Utilities	Water	<input type="checkbox"/> Municipal	Utility Name:			
		<input type="checkbox"/> Well/Other	PWSID:			
Sewer	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic	Utility Name:				
		Date Inspection:				
Tier 3: attach letter from septic designer showing that system is adequate for proposed use						
Grease	<input type="checkbox"/> Grease Trap/Intercept		Size (gal)			<input type="checkbox"/> None
Trash	<input type="checkbox"/> Commercial Pick-up		<input type="checkbox"/> Self-haul / Manage on-site			
	<input type="checkbox"/> Trash		<input type="checkbox"/> Recycling	<input type="checkbox"/> Compost	<input type="checkbox"/> Grease rendering	

Hot Water	If using multiple hot water heaters, provide spec sheets for each and clearly mark zones of service on plumbing plans					
	Manufacturer & Model					
	Details	<input type="checkbox"/> Tank, _____ gal	<input type="checkbox"/> Tankless	<input type="checkbox"/> Gas, _____ BTUs	<input type="checkbox"/> Electric, _____ kW	

Staff & Service	Total # staff		Max # staff/shift					
	# Indoor Seats		# Outdoor Seats					
	Outdoor equipment		<input type="checkbox"/> None	<input type="checkbox"/> Bar	<input type="checkbox"/> Server Station	<input type="checkbox"/> Grill/smoker	<input type="checkbox"/> Refrigerator	
	Meals Served		<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Drinks Only	<input type="checkbox"/> Snacks Only	
	Type of service		<input type="checkbox"/> Sit down	<input type="checkbox"/> Take-out	<input type="checkbox"/> Catering	<input type="checkbox"/> Mobile	<input type="checkbox"/> Delivery	
			<input type="checkbox"/> Drive-through	<input type="checkbox"/> Packaged Food	<input type="checkbox"/> Meat/Seafood Market	<input type="checkbox"/> Produce Market		
	Type of service ware		<input type="checkbox"/> Single-service (disposable)		<input type="checkbox"/> Reusable (durable, washable)		<input type="checkbox"/> Both	<input type="checkbox"/> None
	Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Meals served/day								

Risk Categories	Low Risk – RL 1 Packaged food or minimal reheating of commercially prepared, pre-cooked food items from licensed processor. Minimal time/temperature control for safety food. Prohibited activities: handling raw meat, cooling foods, washing produce, assembling sandwiches Examples: snack bar with hot dog roller, packaged food market, espresso stand						
	Medium Risk – RL 2 Limited preparation and handling of time/temperature for safety food. Produce may be washed and chopped on site. Minimal preparation of raw meat/seafood Prohibited activities: cooling time/temperature control for safety foods Examples: sandwich counter, snack bar cooking burgers from raw, espresso stand with smoothies						
	High Risk – RL 3 Complex food preparation including cooking, cooling, or reheating a variety of foods. May include special processes or serving raw/undercooked meat/seafood. Examples: diner, full-service restaurant, an establishment with an approved special process or HACCP plan						

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1. Food Preparation and Source: Mark all the ways you intend to prepare, handle, serve, or store food.

Items marked with an * require additional plans.

Items marked with a + require a HACCP plan and may require a variance.

Operations	<input type="checkbox"/> Refrigerate commercially packaged foods
	<input type="checkbox"/> Refrigerate food made on site
	<input type="checkbox"/> Reheat commercially prepared food (hot dogs, frozen breakfast sandwiches)
	<input type="checkbox"/> Cook meat, poultry, seafood, or eggs from raw
	<input type="checkbox"/> Hot hold food after reheating or cooking
	<input type="checkbox"/> Cool food after cooking or reheating
	<input type="checkbox"/> Wash produce
	<input type="checkbox"/> Wash raw meat or thaw under running water
	<input type="checkbox"/> Use time as a public health control without temperature control *
	<input type="checkbox"/> Serve a Highly Susceptible Population
	<input type="checkbox"/> Thick meats, whole poultry (roast beef, pork shoulder, whole turkey or chicken)
	<input type="checkbox"/> Fresh or live molluscan shellfish (oysters, mussels, clams, scallops)
	<input type="checkbox"/> Foraged mushrooms, berries, seaweed, nettles, or other foraged foods *
	<input type="checkbox"/> Freezing seafood for parasite destruction *
	<input type="checkbox"/> Raw or lightly cooked fish (including sushi or ceviche) *
	<input type="checkbox"/> Handle ready-to-eat foods directly with bare hands *
	<input type="checkbox"/> Make food to sell to another retail food establishment (restaurant, espresso stand, market, etc.) *
	<input type="checkbox"/> Reduced oxygen packaging, including vacuum packaging, canning, sous vide, or cook-chill +
	<input type="checkbox"/> Use food additives or components to improve shelf-life or render foods shelf-stable (curing, acidified sushi rice) +
	<input type="checkbox"/> Smoking (for preservation), drying, or dehydrating +
	<input type="checkbox"/> Molluscan shellfish life support system display tank (not lobsters or crabs) +
	<input type="checkbox"/> Custom processing animals +
	<input type="checkbox"/> Juice processing or packaging +
	<input type="checkbox"/> Sprouting +
	<input type="checkbox"/> Fermentation (including yogurt, pickles, sauerkraut, sausage, kimchi, etc.) +

Source	Food Item	Source	Delivery frequency
	Example: pastries	Jane's Bakery	Daily
	Example: frozen meats	National Supplier A	Every Thursday

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Food Safety Method: Cooling Methods. You may cool in a shallow, uncovered pan under refrigeration without monitoring cooling temperatures. For all other methods you must cool from 135° F to 70° F in 2 hours or less AND from 70° F to 41° F in 4 hours or less and you must maintain logs. Attach a sample log to this application.

Cooling Method	Shallow pan (2 in max)	Ice Paddles/Sticks	Ice Baths	Rapid Chill Equipment	Volume Reduction
Example: Pinto Beans	X				X
Solid Food: Roast(s), Turkey, Steaks					
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauces					
Baked /Boiled Potatoes					
Pasta/Noodles					
Deli Salads (Tuna/Chicken)					
Other: _____					
Other: _____					

Mark how food will be thawed in the establishment.

	Refrigerator	Under running water **Requires dedicated meat prep sink**	Cooked from Frozen	Microwave as part of cooking process
Raw meat/poultry/seafood				
Cooked fruit/vegetables				
Cooked grains/noodles				
Other: _____				

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2. Equipment: List all equipment & sinks in your establishment. Use additional pages if necessary and ensure each item is on your floor plan. Note location & type of backflow prevention for plumbed equipment on floor plan. All food equipment must be certified for commercial use. See marks below. Including copies of equipment spec sheets may speed plan review.

Sanitation Certification Marks



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		Yes	No
Handwashing and Toilets	Is there a hand washing sink within 25 ft of each food preparation and dish washing area?		
	Is there a handwashing sink within or immediately adjacent to each toilet room?		
	Are all handwashing sinks dedicated to handwashing only with appropriate signage?		
	Is tempered water (85-120°F), under pressure, available at each handwashing sink?		
	Do all hand washing sinks have a mixing valve or combination faucets & flow for at least 15 seconds without reactivation?		
	Are soap & paper towels available at all hand washing sinks?		
	Do toilet room doors close tightly and automatically?		
	Do all toilet rooms have mechanical ventilation?		
	Do any toilet rooms open into the kitchen or other areas where unpackaged food is handled or clean equipment is stored?		

		Yes	No
Dishwashing	1. Does the largest pot or pan fit into each compartment of the sink?		
	2. Are there drain boards at both ends of the sink?		
	3. Are you using 3 compartments for dish/utensil washing?		
If you answered NO to any of the above items, attach your policy for washing dishes.			
Note: a dishwasher does not eliminate the requirement for a dedicated warewashing sink. If you are using a dishwasher, make sure you have included it on your equipment list & floor plan.			

	Sanitizer	3-compartment sink	Dish Machine	Sanitizer buckets	Spray Bottles
Chlorine (Bleach, 50-100 ppm)					
Quaternary Ammonium (Quat, 200 – 400 ppm)					
Lactic Acid					
Hot Water immersion (>170F)					
Other (Attach product label)					

Finish Schedule	Location	Floors		Walls		Ceilings	
		Material	Base	Material	Finish	Material	Finish
	Example: Kitchen	Sealed concrete	4 in rubber	Drywall	FRP	Acoustical Tile	Smooth
	Kitchen						
	Dishwashing						
	Dry Storage						
	Prep Area						
	Bathrooms						
	Custodian Closet						
	Bar/server station						
	Other: _____						
<input type="checkbox"/> Check box if any part of the establishment will have an open/industrial ceiling. Submit reflected ceiling plan & written cleaning schedule for evaluation. Ceilings of food preparation & service areas must be cleanable & may not have any exposed sewer lines or other overhead contamination risks.							

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General

How do you label working containers of chemicals (spray bottles, sanitizer buckets, etc.)?

Describe or attach your policy for when, where, and how employees must wash hands. Include how you monitor and enforce handwashing requirements.

Describe or attach your glove use policy. Include when staff are required to wear and change gloves.

Describe or attach how you will mark ready-to-eat time/temperature control for safety items held more than 24 hours after opening or preparation and when items will be discarded.

Include the following with your application:

- List with name, title, and address of all owners and/or officers**
- Site Plan** showing location of business on parcel and any outside storage, dumpsters, wells, septic systems, etc.
- Floor Plan** drawn to scale clearly showing all equipment, plumbing, etc. in the building – see Appendix A
- Septic designer letter** for Tier 3 applications on a septic system. May also be requested for specific Tier 2 applications
- Vomit & Diarrhea Clean-up Plan & Employee Illness Policy** – see templates
- Menu** include special event, catering, or takeout menus. Include Consumer Advisory if applicable.
- Catering:** include copy of catering menu & equipment, including photo of handwashing station
- Certified Food Protection Manager** certificate for all RL 2 & 3 establishments
- Written procedures/HACCP/Variance materials** as required by checklist on page 3
- Commissary Agreement** if you are supporting your food establishment from a separate location
- Custom Equipment:** Shop drawings of all custom-built equipment
- Open during remodel:** attach written plan describing how you will safely operate during construction
- Packaging Food:** attach sample product labels for review

By signing this application, I attest that this application is complete and accurate. I affirm that I will comply with the requirements of WAC 246-215 and SCC 12.36. I agree to pay additional hourly fees incurred for review of these plans in accordance with current Schedule of Charges. I understand that approval of plans does not constitute approval to permit or operate and that all changes in operations must be approved in advance.

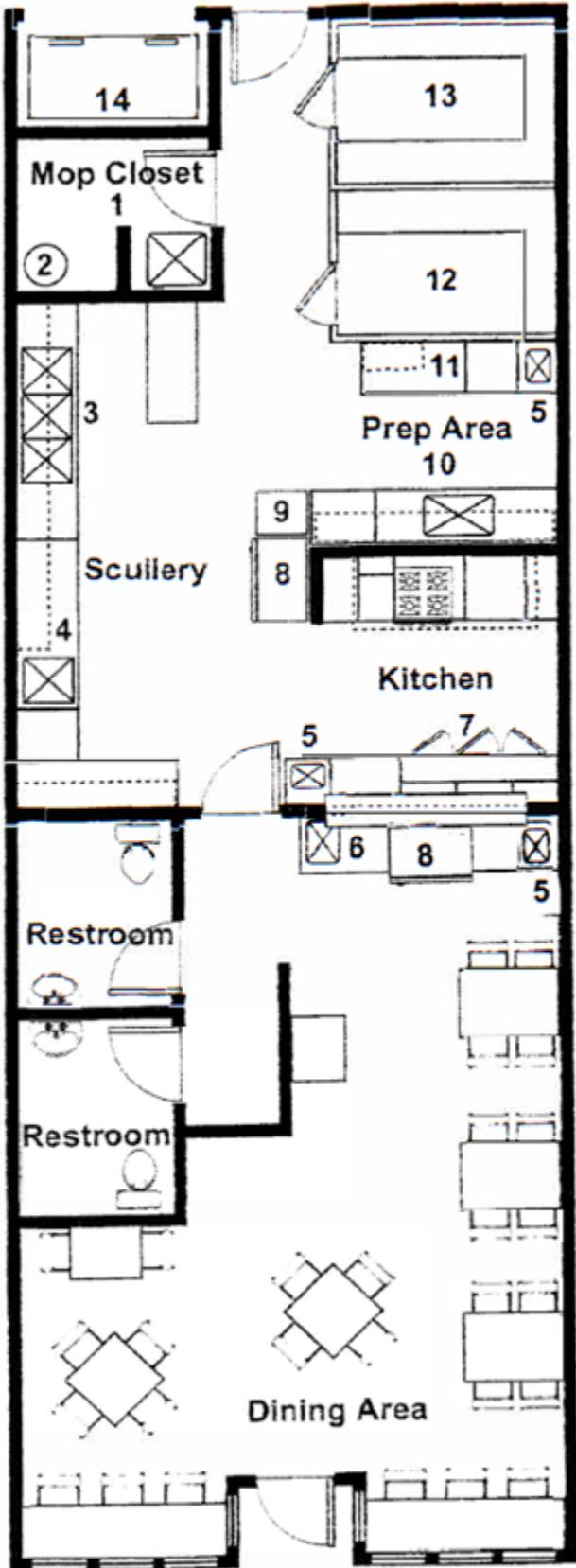
Signature		Date	
Print Name		Title	

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Appendix A: Example Floor Plan.

Please draw your own establishment at a minimum scale of $\frac{1}{4}$ in per 1 ft

Refuse Area



Equipment Schedule		Make	Model
1	Mop sink	Acme	MOP123
2	Hot water heater	Acme	HW-125
3	3 Compartment sink	Acme	SS-3COM
4	Dishwasher with pre-rinse sink	Acme	DW-123
5	Handwashing sink	Acme	HW101
6	Water fill station /dump sink	Acme	DS201
7	Prep cooler	Acme	PREP300
8	Reach in cooler with work top	Acme	REA300
9	Ice machine	Acme	ICE888
10	Produce prep sink	Acme	PS231
11	Work counter with slicer	Acme	SS-1
12	Walk in cooler	Acme	WI45
13	Walk in freezer	Acme	WF45
14	Garbage and recycle area	N/A	N/A

Scale: $\frac{1}{4}$ inch = 1 foot

Floor Plan Requirements:

- Minimum of 8.5 x 11 inches
- Drawn to scale at a minimum of $\frac{1}{4}$ inch = 1 foot
- Specify seating capacity, both indoors and outdoors
- Show the location and when requested, elevated drawings of all food equipment. Include:
 - All hand washing stations, restrooms, sinks, & hot/cold holding equipment
 - Location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections
 - Elevations of sneeze guards or barriers at customer self-service lines
 - Storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
 - Toxic chemical storage areas, dressing rooms, locker areas, and break areas
 - Entrances, exits, loading/unloading areas and docks;
 - Outdoor cooking, server stations or beverage dispensing equipment
 - Finish materials for all floors, walls, ceilings, and coved juncture bases

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Appendix B: Other Contacts

City of Mount Vernon Development Services	City of Mount Vernon Fire Department
910 Cleveland Ave. Mount Vernon WA 98273 360-336-6214 / PermitTech@mountvernonwa.gov https://www.mountvernonwa.gov/117/Development-Services	1901 N. LaVenture Rd. Mount Vernon WA 98273 360-336-6277 / mvinspector@mountvernonwa.gov https://www.mountvernonwa.gov/145/Fire https://ci-mountvernon-wa.smartgovcommunity.com
City of Anacortes Planning, Community, & Economic Development Department	City of Sedro-Woolley Building & Planning Departments
904 6 th St. / PO Box 547 Anacortes WA 98221 360-299-1984 / pced@cityofanacortes.org 360-293-1901 / buildingpermit@cityofanacortes.org https://www.anacorteswa.gov/161/Planning-Community-Economic-Development	325 Metcalf St. Sedro-Woolley, WA 98284 360-855-0771 / permits@sedro-woolley.gov https://www.sedro-woolley.gov/departments/building/index.php
Burlington Community Development	Burlington Fire Marshal's Office
833 S. Spruce St. Burlington, WA 98233 360-755-0077 / kimo@burlingtonwa.gov https://burlingtonwa.gov/105/Community-Development	833 S. Spruce St. Burlington, WA 98233 360-757-6684 kjblaine@burlingtonwa.gov
Town of La Conner Fire Department	Town of La Conner Planning Permits & Codes
14142 Chilberg Rd. La Conner WA 98257 360-333-1989 / firechief@townoflaconner.org https://www.townoflaconner.org/159/Fire-Department	204 Douglas St. / PO Box 400 La Conner WA 98257 360-466-3125 / planner@townoflaconner.org https://www.townoflaconner.org/161/Planning-Permits-Codes
Town of Lyman	Town of Hamilton
8334 S Main St Lyman WA 98263 360-286-3033 / info@townoflyman.com https://www.townoflyman.com/permits	584 Maple St. / PO Box 528 Hamilton WA 98255 360-826-3027 / info@townofhamiltonwa.gov https://www.townofhamiltonwa.com/permits-forms.html
Town of Concrete Building Department	Skagit County Planning & Development Services
45672 Main St. Concrete, WA 98237 360-853-8401 / building@concretewa.gov https://www.townofconcrete.com/building-department/	1800 Continental PI Mount Vernon WA 98273 360-416-1320 / PDS@co.skagit.wa.us https://www.skagitcounty.net/Planning

Skagit County Food Establishment Permits are only valid within Skagit County. Contact the neighboring local health department for their requirements if you intend to serve any food outside of Skagit County.

Whatcom County Health & Community Services	https://www.whatcomcounty.us/3232/Food-Safety
Snohomish County Public Health	https://www.snohd.org/169/Food-Safety-Program
Island County Public Health	https://www.islandcountywa.gov/187/Food-Safety-Program
San Juan County Health & Community Services	https://www.sanjuancountywa.gov/416/Food-Safety-Program

Food Processors & Cottage Food Operators are permitted through the **Washington State Department of Agriculture**,
<https://agr.wa.gov/departments/food-safety/food-safety>

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Appendix C: Catering

Complete this page if you will be offering catering services.

- A caterer contracts with a client to prepare a specific menu & amount of food for service to the client's guests or customers at a location other than the permitted food establishment.
- A caterer may cook or perform final preparation of food at the service location **only as approved**.
- Delivery of packaged pre-orders within a 30-minute radius & to-go operations are not considered catering.
- Caterers must obtain a Temporary Food Establishment Permit to serve fairs, festivals, markets, or similar events.

Establishment Name			
Street Address			
Will food be made during routine food service hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How will you serve food?	<input type="checkbox"/> Table Service	<input type="checkbox"/> Self-service buffet	<input type="checkbox"/> Staff-served buffet
Reusable dishes/utensils provided by:	<input type="checkbox"/> This company	<input type="checkbox"/> Venue/Rental company	

Operations

What is your planned service area? What is the farthest distance you will provide catering?

Describe how you will transport food. Specify if food will be transported hot, cold, raw, and/or ready-to-eat.

Describe how you will handle food at the venue. Will food be cooked, assembled, re-heated or held under Time as a Public Health Control at the venue?

Attach:

- Catering Menu & list of catering equipment
- Commissary Agreement (if not the owner/permit holder of commissary)
- Photo of portable handwashing station

By submitting this application, I agree to:

- Discard food set out for service at the end of the event or leave food with client.
- Provide a catering schedule to Skagit County Public Health upon request.
- Allow access for inspection to Skagit County Public Health staff at a contracted event.
- Abide by all food safety regulations in WAC 246-215 & SCC 12.36 & my approved plan of operation.

Signature		Date	
Print Name		Title	