

# **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
  - o If you cannot use email, tell us at the time of application
  - o 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.
  - o Call at least 2 weeks ahead to make sure we can get you scheduled.
  - o 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

Rev. 2024.07.08 Page 1 of 2

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
  - o Every handwashing sink must have paper towel & liquid soap dispensers.
- Three-compartment dishwashing sink big enough to immerse the largest cooking tool
  - o The sink must have drain boards on both sides & be indirectly drained
  - o 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
  - o 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
  - o Restrooms must be available for customers if you have on-site seating.
  - o 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
  - o 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.
  - o 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
  - o 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.

Rev. 2024.07.08 Page 2 of 2



Rev. 2025.02.01

# **Skagit County Public Health**

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

2025						
Office Use Only						
Est. ID:	INV#:					
RCVD Date:	By:					
	EH Use Only					
Risk Level	Reviewer:					
Date Appr.:	Permit Date:					

1 of 7

**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.

	Check the appropriate application type. Fees are waived for DFDO applicants with proof of eligi	bility.
	$\square$ <b>Tier 1:</b> Change in permit holder of actively operating establishment without any other changes	\$350
Fees	☐ <b>Tier 2:</b> Changes to equipment, remodel, significant menu change, or existing establishment closed one year or less	\$500
	☐ <b>Tier 3:</b> New construction, conversion of non-food establishment, reopening existing establishment closed for more than year	\$725
	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**. Skagit County Public Health staff will contact you to make payment over the phone. Card transactions may be assessed a 3% processing fee on top of the application fee.

	uiis	sactions may be asses	sed a 570 processing	g icc on top	or the	аррпсс	10111	icc.						
rd	ıţ	Cardholder Name												
Card	Pmt	Cardholder Phone												
	Es	tablishment Name												_
shme	St	reet Address												
	Cit	ty, State, Zip												
	Ph	none				Email								
	Ο۱	wner Name				UBI								
	Ο۱	wnership Type	☐ Association	□Partnersh	ip	□ Ind	ividua	al	□ C	orporat	ion	Ot	her	
Ή	Сс	ontact Person			Role									
Contact	Pr	oject Start			Completion Date									
0)	Ph	none			Email									
⊋	Cc	ontact your local planr	ning, building, and f	ire departme	ents. If	they h	ave a	ny con	nment	s, note	them he	ere o	r attach.	
Other AHJ		omments from anning/building/fire:												
	Ha	as this location been p	reviously permitted	d by Skagit C	ounty	Public	Healtl	h?			☐ Ye	S	$\square$ No	
History	Nā	ame & Date Closed										•		

	Water	☐ Municipal	Utility Name	2:									
		☐ Well/Other	PWSID:										
	Sewer	☐ Municipal	Utility Name	):									
ies		☐ Septic	Date Inspect	ion:									
Utilities			Tier 3: attac	h letter fr	om se	ptic des	igne	r showing that	system is	adeq	uate	for prop	osed use
	Grease □Grease Trap/Intercept				Size (gal)								
	Trash	☐ Commercia	ıl Pick-up	□ Se	☐ Self-haul / Manage on-site								
		☐ Trash		□ Re	cyclin	ng		Compost			Greas	se rende	ering
								•					-
er	If usin	g multiple hot	water heaters,	provide sp	ec she	eets for	each	and clearly ma	rk zones c	of serv	ice o	n plumb	ing plans
Hot Water	Manu	facturer & Mod	lel										
Ho	Detail	S 🗆 T	ank,g	al 🗆 Ta	nkless	S	□ G	as,	_BTUs	□ EI	ectri	C,	kW
	Total #	staff					Max	# staff/shift					
	# Indo	or Seats					# Oı	ıtdoor Seats					
Staff & Service	Outdoor equipment  None			☐ Bar	☐ Bar		☐ Server Station		☐ Grill/smoker		r	Refrigerator	
	Meals Served			□Lun	□Lunch		☐ Dinner		☐ Drinks Only			☐Snacks Only	
	Type of service Sit down			☐ Tak	e-out		☐ Catering		☐ Mobile			☐ Delivery	
& S	☐ Drive-through			ıgh 🗆 Pac	kaged	d Food		☐ Meat/S	eafood M	arket		☐ Produce Market	
taff	Туре о	f service ware	☐ Single-servi		disposable)		☐ Reusable (durab		le, washa	ble)		☐ Both	n 🗆 None
S	Hours		Monday	Tuesda	uesday Wednes		sday Thursday		Friday		Satu	ırday	Sunday
	# Mea	s served/day											
		Low Risk – RL 1											
		Packaged food		_		-	prep	pared, pre-coo	ked food i	tems	from	license	d processor.
		Minimal time/t Prohibited acti	•		•		ds. w	ashing produc	re. assemb	oling s	andv	viches	
Ş		E <b>xamples:</b> snac		_		_				,B	, a i i a i		
Risk Categories		Medium Risk –											
teg		imited prepar					re fo	r safety food.	Produce m	nay be	e was	hed and	l chopped on
Ca		site. Minimal p	•										
Risk		<b>Prohibited act</b> i E <b>xamples:</b> sand	_		•			•		l with	smoo	nthies	
		High Risk – RL		STIGEN DAI	COOKI	ing buig	,C13 1	ioin ravv, copie	2330 364110	VVICII	311100	J.111C3	
		Complex food		cluding co	oking,	cooling	, or r	eheating a var	iety of foc	ds. N	1ay in	clude s	pecial
		orocesses or se	rving raw/und	ercooked	meat/	/seafood	d.	_	•			·	
	l	E <b>xamples:</b> dine	r, full-service i	restaurant	, an es	stablish	ment	with an appro	ved speci	al pro	cess	or HAC	CP plan

Rev. 2025.02.01 Page **2** of **7** 

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

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Rev. 2025.02.01

Page 3 of 7

**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					
<b>Soft, Thick Foods:</b> Beans, Rice, Gravy, Soups, Sauces					
Baked /Boiled Potatoes					
Pasta/Noodles					
Deli Salads (Tuna/Chicken)					
Other:					
Other:					

Mark how food will be tha	awed in the es	tablishment.		
	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:				

Rev. 2025.02.01 Page **4** of **7** 

**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.

	# on Plan	Equipment	Make	Model
	1	Reach-in Refrigerator	Cool Food Inc.	COLD123-A
ent				
Equipment				
Equ				

#### Sanitation Certification Marks















Rev. 2025.02.01 Page **5** of **7** 

		Yes	No
	Is there a hand washing sink within 25 ft of each food preparation and dish washing area?		
Toilets	Is there a handwashing sink within or immediately adjacent to each toilet room?		
Ē	Are all handwashing sinks dedicated to handwashing only with appropriate signage?		
and	Is tempered water (85-120°F), under pressure, available at each handwashing sink?		
g	Do all hand washing sinks have a mixing valve or combination faucets & flow for at least 15 seconds without reactivation?		
was	Are soap & paper towels available at all hand washing sinks?		
bug	Do toilet room doors close tightly and automatically?		
Ϋ́	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
g	1.	Does the largest pot or pan fit into each compartment of the sink?		
hir		Are there drain boards at both ends of the sink?		
vas	3.	Are you using 3 compartments for dish/utensil washing?		
ishv		If you answered NO to any of the above items, attach your policy for v	vashing dishe	s.

**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
ion	Chlorine (Bleach, 50-100 ppm)				
izat	Quaternary Ammonium (Quat, 200 – 400 ppm)				
anit	Lactic Acid				
	Hot Water immersion (>170F)				
	Other (Attach product label)				

Location	Floor	rs	Wa	alls	Ceilir	ngs
Location	Material	Base	Material	Finish	Material	Finish
Example: Kitchen	Sealed concrete	4 in rubber	Drywall	FRP	Acoustical Tile	Smooth
Kitchen						
Dishwashing						
Dry Storage						
Prep Area						
Daumooms						
Custodian Closet						
Bar/server station						
Other:						

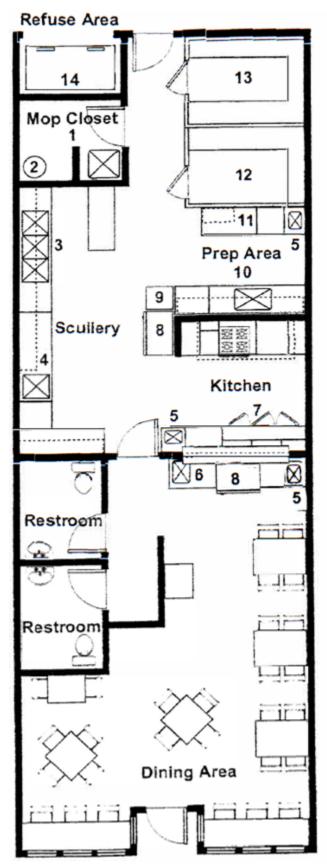
☐ **Check box** if any part of the establishment will have an open/industrial ceiling. Submit reflected ceiling plan & written cleaning schedule for evaluation. Ceilings of food preparation & service areas must be cleanable & may not have any exposed sewer lines or other overhead contamination risks.

	General						
How do you	abel working containers of chemicals (spray bottle	es, saniti	zer buckets, etc.)?				
	ttach your policy for when, where, and how emploenforce handwashing requirements.	oyees m	ust wash hands. Include how you				
Describe or a	ttach your glove use policy. Include when staff are	e require	d to wear and change gloves.				
	ttach how you will mark ready-to-eat time/tempe		ontrol for safety items held more than 24				
hours after o	pening or preparation and when items will be disc	arded.					
Include the fo	llowing with your application:						
☐ List with na	ame, title, and address of all owners and/or officers						
☐ <b>Site Plan</b> sh	nowing location of business on parcel and any outside s	storage, c	lumpsters, wells, septic systems, etc.				
☐ Floor Plan	drawn to scale clearly showing all equipment, plumbing	g, etc. in t	he building – see Appendix A				
☐ Septic desi	gner letter for Tier 3 applications on a septic system. N	1ay also b	pe requested for specific Tier 2 applications				
☐ Vomit & Di	arrhea Clean-up Plan & Employee Illness Policy – see	template	s				
☐ <b>Menu</b> inclu	de special event, catering, or takeout menus. Include (	Consume	r Advisory if applicable.				
☐ Catering: ir	nclude copy of catering menu & equipment, including p	hoto of h	nandwashing station				
☐ Certified Fo	ood Protection Manager certificate for all RL 2 & 3 esta	ablishmer	nts				
☐ Written pr	ocedures/HACCP/Variance materials as required by ch	necklist o	n page 3				
☐ Commissar	y Agreement if you are supporting your food establish	ment fro	m a separate location				
☐ Custom Eq	uipment: Shop drawings of all custom-built equipment						
☐ Open durir	ng remodel: attach written plan describing how you wil	ll safely o	perate 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					

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 Rev. 2025.02.01

Appendix A: Example Floor Plan.

Please draw your own establishment at a minimum scale of ¼ in per 1 ft



	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: 1/4 inch = 1 fo		

Floor Plan Requirements:						
☐ Minimum of 8.5 x 11 inches						
☐ Drawn to scale at a minimum of 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:						
☐ <u>All</u> 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						
$\square$ Finish materials for all floors, walls, ceilings, and coved						
juncture bases						

Appendix B: Other Contacts

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

**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**, <a href="https://agr.wa.gov/departments/food-safety/food-safety/">https://agr.wa.gov/departments/food-safety/food-safety/</a>

#### 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?	☐ Yes	□ No	□ No				
How will you serve food?	☐ Table Service	☐ Self-service	e buffet $\Box$	Staff-served buffet			
Reusable dishes/utensils provided by:	☐ This company	npany					
	Onora	tions					
	Opera						
What is your planned service area? Wh	at is the farthest distan	nce you will pro	vide catering?				
Describe how you will transport food. S	pecify if food will be tra	ansported hot,	cold, raw, and/o	or ready-to-eat.			
Describe how you will handle food at the	ne venue. Will food be	cooked, assem	oled, re-heated o	or held under Time as a			
Public Health Control at the venue?							
Attach:  ☐ Catering Menu & list of catering equ ☐ Commissary Agreement (if not the o ☐ Photo of portable handwashing stati	wner/permit holder of	commissary)					
<ul> <li>By submitting this application, I agree to:</li> <li>Discard food set out for service at the end of the event or leave food with client.</li> <li>Provide a catering schedule to Skagit County Public Health upon request.</li> <li>Allow access for inspection to Skagit County Public Health staff at a contracted event.</li> <li>Abide by all food safety regulations in WAC 246-215 &amp; SCC 12.36 &amp; my approved plan of operation.</li> </ul>							
Signature		Date					
Print Name		Title					