COBB & DOUGLAS PUBLIC HEALTH
Healthier lives. Healthier community.

APPLICATION FOR A PERMIT

TO MODIFY A FOOD SERVICE ESTABLISHMENT

ATTENTION:

PROPOSED SCOPE OF WORK TO MODIFY AN EXISTING FOOD SERVICE FACILITY

IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF THE SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED MODIFICATIONS OR REMODELING OF AN EXISTING FOOD SERVICE ESTABLISHMENT. AFTER AN INITIAL ASSESSMENT BY A LOCAL HEALTH AUTHORITY REPRESENTATIVE OF THE SCOPE OF WORK AND ITS POSSIBLE IMPACT ON THE FOOD SERVICE OPERATION, THE APPLICANT MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION SUCH AS THE **FOOD PREPARATION REVIEW** AND/OR **CONSTRUCTION REVIEW APPLICATION** TO CONTINUE WITH THE PROCESSING OF THE CONSTRUCTION APPLICATION IF THESE DOCUMENTS HAVE NOT ALREADY BEEN SUBMITTED.

Return the completed application, along with 3 sets of plans, and applicable fees to the appropriate office below:

In Person: **Cobb County Center for Environmental Health** **770-435-7815**
1738 County Services Parkway SW, 2nd Floor
Marietta, GA 30008

Via Mail: 1650 County Services Parkway
Marietta, GA 30008

OR

Douglas County Center for Environmental Health **770-920-7311**
4655 Timber Ridge Dr
Douglasville, GA 30135

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OFFICE USE ONLY

Date: _____ **Amount Paid $** _____ **DHD #** _____

Invoice #: _____ **Auth #** _____ **Check #** _____ ☐ Cash ☐ MC ☐ Visa ☐ Discover

Name of Establishment: _____

Establishment Address: _____
Include Suite / Unit # **Street # and Name** **Suite / Unit #** **City / Zip Code**

Contractor Company Name: _____

Contact Name: _____ Contact Phone #: _____

Contractor Address: _____
Include Suite / Unit # **Street # and Name** **Suite / Unit #** **City / State / Zip Code**

Contractor E-mail Address: _____

Will this modification affect the food service / preparation area? ☐ **YES** ☐ **NO** ☐ **UNSURE**

Proposed Modifications – use additional pages if needed and attach equipment specifications as warranted

_____

_____

_____

_____

_____

_____

Pursuant to the Rules and Regulations - Food Service Chapter 511-6-1, the undersigned hereby applies for authorization to modify or remodel a food service facility as described above.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Application Date: _____

----------RESULT OF HEALTH AUTHORITY REVIEW BELOW----------

☐ Authorization IS HEREBY GRANTED to modify or remodel the above-named food service facility as described above. This authorization is **NON-TRANSFERRABLE** from person to person and **EXPIRES one year from the date of issue**.

☐ Authorization IS NOT GRANTED. *See comments below*.

Reviewer's Signature: _____ Review Date: _____

Reviewer's Comments and Expectations:

- A Food Preparation Review Application ☐ **will /** ☐ **will not** need to be completed prior to further processing
- A Construction Review Application ☐ **will /** ☐ **will not** need to be completed prior to further processing

_____

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