HHSA Public Health | Environmental Health Services
WWW.TULARECOUNTYEH.ORG • (559) 624-7400

Account # _____
District # _____
Date _____
Initials _____

COUNTY OF TULARE
Health & Human Services Agency
Health Services Department – Environmental Health Division

PLAN CHECK REVIEW FORM

Project Name: _____ ☐New ☐Remodel

Address:_____ City:_____ Zip:_____

Contact Person:_____ Phone:_____

(If construction does not begin within 1 year from the time the plans are submitted, cancellation of these plans may occur. You will be informed in writing of this cancellation. Additional payment of Health Services fee will be required upon re-submittal of plans.)

Project Description:_____

_____

Owner: _____

Address: _____ City, State, Zip:_____

Contact Email: _____ Phone: _____

Initials	Date	Minutes Worked	Amount
			$
	TOTALS		$

Project Approved _____ _____
Signature Date

Filing Fee _____
Check # _____
Receipt # _____
Date _____
Initials _____

Review Fee _____
Check # _____
Receipt # _____
Date _____
Initials _____