

REMODEL QUESTIONNAIRE

I. Person in Charge Contact Information			
Name:			
Position/Title:			
Telephone Number:		Email Address:	
II. Scope of Work			
List the name of the permitted area(s) that are being remodeled:			Permit Number:
Is equipment being added/removed/relocated? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes to the menu/seating/square feet? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes to the floors, walls, ceilings, or finishes? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes in Electrical/Plumbing/Gas Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Start Date:			
Notes:			
Inspection cancellations must be made before the inspector is on route to the facility to avoid a missed appointment fee.			
Print Name		Signature	