

*Tillamook County*  
**PLAN REVIEW SIGNATURE PAGE**

**Facility Name:** \_\_\_\_\_

**CITY/COUNTY COMMUNITY DEVELOPMENT:**

Zoning acceptable for this facility? ☐ Yes ☐ No

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY/COUNTY COMMUNITY DEVELOPMENT:**

Plumbing/Building permits required? ☐ Yes ☐ No

Other applicable building/plumbing requirements: \_\_\_\_\_

\_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE DEPARTMENT:**

Hood required? ☐ Yes ☐ No

Other applicable fire department requirements: \_\_\_\_\_

\_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEWER AGENCY:**

Grease interceptor required? ☐ Yes ☐ No

Other applicable agency requirements: \_\_\_\_\_

\_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OREGON LIQUOR CONTROL COMMISSION (OLCC):**

Contacted if needed: ☐ Yes ☐ No

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_