



Oklahoma City-County Health Department
Food Safety & Environmental Health
2400 NW 36th Street
Oklahoma City, OK 73112
Telephone:(405) 425-4347
OCCHD Website: www.occhd.org/fe

PLAN REVIEW APPLICATION FOR A KENNEL

Establishment Name: _____

Street Address: _____ City: _____

APPLICANT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone#: _____ Fax#: _____

CONTACT INFORMATION (IF DIFFERENT):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone#: _____ Fax#: _____

TYPE OF CONSTRUCTION:

New Remodel Fire Restoration Addition Move-On Conversion

Existing Use of Land/Bldg: _____ Proposed Use of Land/Bldg: _____

COMMENTS: _____

I hereby certify that the statements in this application are true and correct.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

A copy of this application must be submitted with a
Fee of \$20.00 made payable to the
Oklahoma City-County Health Department (OCCHD).
All facilities must be inspected and licensed prior to operation.
Completion and submission of this form does not constitute
authorization to open a kennel