



APPLICATION FOR REVIEW OF FOOD ESTABLISHMENT CONSTRUCTION/REMODEL PLANS

NOTE: PLANS WILL NOT BE ACCEPTED UNLESS THIS APPLICATION and THE PLAN SUBMISSION CHECK LIST ARE COMPLETE, LEGIBLE, AND THE PLAN CHECK FEE IS PAID.

FOR OFFICIAL USE	
Work Type:	
Major	Minor
New	Equip
Fee: _____	
Receipt # _____	Date: _____

FACILITY NAME

JOB SITE ADDRESS:		SUITE # (IF APPLICABLE):	
CITY:		ZIP:	
FACILITY PHONE:			

BUSINESS OWNER NAME:

BUSINESS OWNER NAME:		PHONE:	
MAILING ADDRESS		CITY:	ZIP:
E-MAIL		FAX:	

DESIGNER / ARCHITECT:

DESIGNER / ARCHITECT:		PHONE:	
MAILING ADDRESS		CITY:	ZIP:
E-MAIL		FAX:	

A. GENERAL CONSTRUCTION:

SCOPE OF WORK (briefly describe): _____

Type of construction: New Food Facility Remodel of Existing Food Establishment

Total square footage (including all seating areas) _____ Hours of Operation _____

Total Seating Capacity for all dining _____ Number of workers per shift (including mgmt.) _____

B. SERVICE (Indicate ALL methods of food service to the public):

MENU: A menu of food and beverages sold at this facility is required to be submitted at time of plan submittal.

On-site food or drink preparation (cooking, cutting, assembly, mixing, etc): Yes No

Food and beverages are individually packaged by manufacturer: Yes No

Soup or Salad bar: Yes No Customer Self-Service Dispensers: Yes No

Full Services Bar: Yes No

Type of customer utensils (cups, plates, forks, etc.) Multi-service (re-usable) or Single Services (disposable)

C. UTILITIES

Sewage Disposal: Septic System (must be approved by Environmental Health, Land Use Division)

Grease Interceptor: Provide clearance from the Sewer District for a Grease Interceptor grease trap, or waiver letter.

OWNER/REPRESENTATIVE DECLARATION: I certify that I have read the entire application and state that all information is correct. I understand that the amount of fee paid is based on my declaration of information on this form, and that incorrect information is grounds for denial of the submitted plans. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial, and that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned. *I have reviewed the California Plan Check Guide and my plans follow the guide.*

Signature _____

Date _____