

## Food Facility Plan Check / Permit Application Form

### Section 1: Fees and Required Attachments

Department Use Only	
<input type="checkbox"/> No Plan Check Req'd: Sign: _____	Application ID: EH-FDA-_____-_____ Permit ID: EH-FDP-_____-_____ _____

Attachments:	Fees:
<input type="checkbox"/> One (1) set of complete, easily readable plans, drawn to scale (minimum of 1/4" per foot). Additional sets will be required prior to final plan approval. <input type="checkbox"/> One (1) set of manufacturers' equipment specification sheets. <input type="checkbox"/> Samples of proposed floor, wall and ceiling materials may be required. <input type="checkbox"/> Proposed Menu	<b>Application fee</b> (non-refundable).....\$255 <b>Plan Review and Inspection fees</b> .....\$161/hour  <i><b>NOTE:</b> Plan Review fees are <u>in addition</u> to the application fee and are charged by the minute. Services include, but are not limited to: reviewing blueprints, phone calls, emails, meetings, consultations, evaluations, all inspections and final approvals. Additionally, your annual <b>PERMIT</b> fee will be due prior to opening. Check with the Plan Reviewer regarding the cost of your annual permit fee.</i>

**Please read the EHS policy on Plan Review Fees CAREFULLY before completing this application:**

<https://content.civicplus.com/api/assets/9f4c3f5b-a709-46f9-b8bc-ed8a10377be0?cache=1800>

#### **Important Notes (Please Read)**

- ✓ Allow 20 business days for the initial review of plans.
- ✓ Plans found to be unsatisfactory will be returned for revision.
- ✓ Project approval will not be issued until all fees are paid.
- ✓ Upon project completion, *but prior to OPENING*, you will be required to pay all outstanding Plan Review balances. Balances must be paid prior to issuance of an annual Health Permit. The annual health permit fee will be based upon the square footage of your establishment.

### Section 1a: Application is for:

Please complete all sections

- ☐ Existing permitted facility remodel/equip change, etc.
- ☐ Adding another operation to an existing permitted facility (e.g., adding Satellite Food Services or an additional café to an existing permitted facility)
- ☐ New owner of a food facility. Name of Previous Facility (if known): \_\_\_\_\_

### Section 2: Facility and Contacts

**Facility Name and Address** (must be **physical address** of the facility, no PO boxes)

Facility Name/DBA: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Apt ☐ Bldg ☐ Suite ☐ Unit number/letter: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLAN REVIEW Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**PLAN REVIEW Accounts Payable** *(Invoices for hourly Plan Review services will be mailed to this address.)*

☐ **Same as Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**PERMIT Accounts Payable** *(All future billing (permit renewal invoices, etc.,) will be mailed to this address.)*

☐ **Same as PLAN REVIEW Accounts Payable**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**PERMIT Facility Owner** *(i.e., Owner of the business. Permits will be mailed to this address.)*

☐ **Same as Applicant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Check one, if applicable:**

☐ Corporation   ☐ Limited Liability Company (LLC)   ☐ Sole Owner   ☐ Partnership   ☐ Government Entity

Name of Corporation or LLC: \_\_\_\_\_

### **Section 3: Type of Application**

- ☐ Food Facility - Size \_\_\_\_\_ square feet of “total building floor area” (any room, building, or place, or portion thereof, maintained, used, or operated for the purpose of storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food at the retail level). Fee based on size of facility. See Fee Schedule at: [www.sbcphd.org/ehs](http://www.sbcphd.org/ehs).
- ☐ Low Risk Permanent Food Facility (less than 3,000 square feet).
- ☐ Microenterprise Home Kitchen Operation
- ☐ Host Facility
- ☐ Satellite Dining Facility
- ☐ School Dining Facility

**Are you eligible for a Veteran’s fee exemption?** ☐ Yes ☐ No

If yes, attach an [\*Affidavit For A Veteran’s Fee Exemption For The Health Permit To Operate A Food Business\\*\*](#).

### **Section 4: Operational Information**

1. What type(s) of **Customer Utensils** will be provided?  
☐ Multi-use ☐ Single-use ☐ Both ☐ N/A
2. Will **Onsite Consumption** be provided?  
☐ Yes ☐ No
3. Will an **Outdoor Dining** Area be provided?  
☐ Yes ☐ No
4. What is the **Sewer** disposal system for this facility?  
☐ City Sewer System  
☐ Onsite Wastewater Treatment (septic)  
☐ Unknown
5. What is the **Water** source for this facility?  
☐ Public  
☐ Private  
☐ Unknown

### **Section 5: Seasonal Operations Only**

- ☐ Food Facility Operates for only 3 Months of the Year
- ☐ Food Facility Operates for only 6 Months of the Year
- ☐ Food Facility Operates for only 9 Months of the Year

## **Section 6: Terms/Signature**

### **Construction Approval**

When signed by the Environmental Health Specialist, this application shall be deemed a Permit to Construct for the work described. Do not begin construction until plans have been approved by Environmental Health Services. Please note additional permits (e.g., electrical installation, land use clearance, grading) may also be required from other agencies. THIS PERMIT TO CONSTRUCT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever comes first. No changes from the approved plans are permitted without prior written approval by Environmental Health Services.

### **Required Inspections / Final Clearance**

An inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) days in advance for each of the following:

- 1) Preliminary      2) Pre-Final      3) Final Inspection**

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

I further certify that all of the information provided on this application is true and accurate and I agree to notify Environmental Health Services of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

I further certify that I agree and understand that any structural alterations, including, but not limited to: equipment changes or additions; change of menu or quantity of food; or any other operational changes after opening, must be approved by Environmental Health Services in writing and may be subject to a plan review process which may include plan submittal requirements and/or fees.

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

***Submission of an application is not a permit to operate until additional steps are completed and authorization is given for a food facility to process and distribute food products; for example, plan check, consultation and or other departmental approvals may be required.***

Print Name #1 \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name #2 \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Departmental Use Only							
	Amount Paid	Date	Cash	Check #	Credit Card #	Receipt #	Received by:
Plan Check			<input type="checkbox"/>				
Permit			<input type="checkbox"/>				
Approvals	AOP: _____		Specialist: _____		Supervisor: _____		
Comments							