



Food Facility Plan Check Application Form

Facility Type:	<input type="checkbox"/> Permanent Food Facility	<input type="checkbox"/> Mobile Food Facility	→ Lic. Plate/VIN/Serial #: _____
Scope of Work:	<input type="checkbox"/> Site Assessment	<input type="checkbox"/> New Facility	<input type="checkbox"/> Existing Permitted Facility
	<input type="checkbox"/> Food Prep	<input type="checkbox"/> Pre-Packaged	<input type="checkbox"/> Satellite Food Facility
			<input type="checkbox"/> Vending Machine
Remodel Type:	<input type="checkbox"/> Major (≥50%)	<input type="checkbox"/> Minor (<50%)	<input type="checkbox"/> Adding Piece of Equipment (up to three)
	<input type="checkbox"/> New/Modified Type-I Hood(s): # _____	Square Footage: _____	
Risk Category:	<input type="checkbox"/> Reheating Commercially Packaged Food – No Cooking (RC1) <input type="checkbox"/> Cooking, Cooling or Reheating Open Foods (RC2-3)		

Project Name _____

Current/Former Facility Name (if any) _____

Project Address _____

City _____ **Zip** _____ **Phone #** _____

Contact Person (Designer/Architect/Contractor) _____

Business Name (if any) _____

E-mail Address _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

Owner/Permittee of Food Operation _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

E-mail Address _____

By my signature below, I acknowledge that I am submitting this plan check application form pursuant to Health & Safety Code section 114380.

Applicant Signature _____ **Date** _____

Applicant Name (print) _____ **Title** _____

**** Office Use Only ****

Comments -

Owner ID _____ Facility ID _____ District Code/Specialist Name _____

Program ID _____ Binder Samples Status: Finaled Deleted Expired

Received By _____ / _____ / _____ Account ID # _____ Invoice # _____

Assigned To _____ / _____ / _____ Check Number # _____ Amount Paid: \$ _____

Plan Check SR #: _____ P/E Code(s): _____ Due Date: _____