



PLAN CHECK SERVICE REQUEST
COMPACT MOBILE FOOD OPERATION (CMFO)
ENVIRONMENTAL HEALTH - PLAN CHECK PROGRAM
5050 Commerce Drive, Baldwin Park, CA 91706-1423
www.publichealth.lacounty.gov/eh – (626) 430-5560



DATE OF REQUEST: _____

PLAN OWNER (DESIGNER, MANUFACTURER, EXPEDITER, OWNER OF THE BUSINESS)

NAME:			DESIGNEE/CONTACT:		
MAILING ADDRESS:	UNIT:	CITY:	STATE:	ZIP:	
PHONE #:	ALTERNATIVE PHONE #:		E-MAIL ADDRESS:		

Select how you would like to receive reviewed Plan Correction Sheet: ☐ E-mail to Plan Owner ☐ Mail to Plan Owner

Applications and plans will be reviewed upon receipt of fee payment. The initial plan check fee entitles you to two (2) plan reviews and two (2) field inspections, additional plan reviews or inspections will be subject to additional fees.

REGULAR initial plan will be reviewed within 20 business days, EXPEDITED initial plan will be reviewed within 10 business days.

Regular / Expedited

PLAN REVIEW REQUEST:	<input type="checkbox"/>	Prepackaged Potentially Hazardous Foods – see definition below	<input type="checkbox"/> \$439 / <input type="checkbox"/> \$659
	<input type="checkbox"/>	Unpackaged Foods – see definition below	<input type="checkbox"/> \$633 / <input type="checkbox"/> \$950
	<input type="checkbox"/>	CMFO Auxiliary Conveyance, Site Specific – see definition below Hand Wash Sink/Warewash Sink	<input type="checkbox"/> \$487 / <input type="checkbox"/> \$731
	<input type="checkbox"/>	Equipment Evaluation for Replaced Equipment on a permitted CMFO – Equipment to be Replaced: _____ Current PR #: _____	<input type="checkbox"/> \$167 Hourly
	<input type="checkbox"/>	Modification of approved plans – (Provide a brief description of the modification) _____	<input type="checkbox"/> \$167 Hourly
TOTAL DUE:			

CMFO BUSINESS OWNER/OPERATOR

NAME:	E-MAIL ADDRESS:	PHONE #:		
MAILING ADDRESS:	UNIT:	CITY:	STATE:	ZIP:

PLAN CHECK PROCESS

- Incomplete applications will not be processed.
- Submit one (1) copy of plans with your application. Submit two (2) copies of the plans if plans were revised.
- The proposed menu and Written Operating Procedure must be submitted with the plans for new construction, evaluation, or renovation.
- Provide Equipment Manufacturer Specification Sheets.
- Provide a Site Plan if you are applying for an Auxiliary Conveyance plan review.
- Provide a copy for your current Public Health Permit for renovation to CMFO/equipment.
- Plan Check will contact you after the plans are reviewed.
- You must obtain approved plans from Plan Check Program before construction or installation of any equipment.
- Contact the Plan Check Programs at **(626) 430-5560** if you have questions.

SUBMISSION	<p>Submit plans & application online: Approved plans will be accessible from the SharePoint site. http://www.publichealth.lacounty.gov/eh/i-want-to/submit-electronic-plan.htm</p> <p>-or-</p> <p>Submit in-person at any of our Plan Check locations: Approved plans must be picked up in-person from our Plan Check office. http://www.publichealth.lacounty.gov/eh/about/plan-check-program.htm</p>	PAYMENT
	<ul style="list-style-type: none"> • If plans are submitted online, an invoice will be generated and emailed to you along with payment instructions. • Do not submit your payment until you have received an invoice. • Include your invoice number if paying by mail. 	

Pay Online:

Pay online using Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck).

Please note that there is an additional convenience fee charge using online payment.

Pay by Mail:

Make **Check, Cashier's Check, or Money Order** payable to: County of Los Angeles

Mail to:
 Department of Public Health
 5050 Commerce Drive
 Baldwin Park, CA 91706

Pay In-Person:

Make payment in person at any Environmental Health office locations throughout Los Angeles County, between the hours of 8:00 am - 4:30 pm, Monday through Friday. Acceptable forms of in-person payment include **Cash, Check, Cashier's Check, or Money Order** in the exact amount due. Check our website for locations at <http://www.publichealth.lacounty.gov/eh/about/plan-check-program.htm>

OWNER REPRESENTATIVE DECLARATION:	<p>I understand the amount of fee paid is NON-REFUNDABLE and the application is NON-TRANSFERABLE. The fee paid is based on my declaration of the business classification indicated above. If this declaration is incorrect, I understand that the plans will not be reviewed until the correct fee is paid. I also understand that plans shall be reviewed within 20 (regular) or 10 (expedited) working days after receipt of payment and the REVIEWED PLANS (WHETHER APPROVED OR NOT) ARE VALID FOR ONE YEAR. FINALLY, I UNDERSTAND PLANS MUST BE APPROVED PRIOR TO COMMENCING CONSTRUCTION OR INSTALLING ANY EQUIPMENT, AND IT IS A VIOLATION TO BEGIN OPERATION WITHOUT FINAL INSPECTION, APPROVAL, AND VALID PUBLIC HEALTH PERMIT.</p> <p><u>Plans will only be released to the plan owner.</u></p>
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SIGNATURE: _____ **DATE:** _____

DEFINITIONS
<p>PREPACKAGED POTENTIALLY HAZARDOUS FOODS: Food items that require temperature control to prevent the growth of harmful bacteria and are served directly to the customer in its unopened, original container or packaging, that is prepared and properly labeled from a manufacturer, a commissary, or other food facility. (Examples: tamales and fruit bowls)</p> <p>Sink Requirement: N/A</p>
<p>UNPACKAGED FOODS: Food items that are assembled and served to the customer as part of Limited Food Preparation food operation as defined in Division 104, Part 7, Chapter 2, Section 113818 of the California Health and Safety Code. (Examples: hot dogs, tacos, cut fruit, shaved ice, roasted nuts, popcorn, or churros)</p> <p>Sink Requirement: Handwash sink is required; hot water not required. If the operator handles raw meat, fish, or poultry on the CMFO, a 3-compartment sink with hot water for utensil washing is required or have enough spare utensils to change out every 4 hours or when contaminated.</p>
<p>CMFO AUXILIARY CONVEYANCE – SITE SPECIFIC: A separate component that is used in conjunction with carts, at a site-specific location that do not have a sink, to provide the necessary handwashing and warewashing required for operation. This is an optional component and is only required if the cart does not have the equipment that is needed to operate. This option is only available when the CMFO operates on private property or when issued a site-specific permit by the local jurisdiction.</p>

FOR OFFICE USE		
CONTACT OFFICE	PAYMENT	PLAN CHECK NUMBER
	Amount Paid: _____ Date paid: _____ Receipt #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Cashier's Initials: _____	SR _____