

Placer County Health and Human Services Department

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Food Facility Plan Review Application

Facility Name:				
Facility Address:				
Owner's Name:				
Owner's Mailing Add	dress: Street	City	Stat	te Zip
Owner's Phone #:	_()	·	Is the facility w	within City limits? Yes No
Water Supply / Servi	ng Entity:			
Sewage Disposal Ty	pe: Septic S	ystem	– Entity Name:	
CONTACT PERSON	FOR PLANS:			
Phone: ()		Fax: <u>(</u>)	Email:	
⊟ All ⊟ Inc Plans are reviewed in You will be notified w	lude equipment descr In the order they are re Then your plans are ap	readable and drawn to iption sheets with you		posed menu.
	*FOR CUR	RENT FEES CHE	CK THE FEE SCHI	EDULE
Applicant's Signature Date:				Date:
Check Type	New/Minor P Prepackaged New/Minor P	Facility, Major Remod reparation without Hoo Food Only	PLAN TYPE lel of Food Facility, or F od, Minor Remodel of F Minor Remodel of Food	Food Facility
		(For Office Us		
Amount Paid	Fee Disclosure Form S Date Paid	Signed: Yes No Receipt #	Plans Date Stamp Check #	oed: Yes Check Date:
OVV	EΛ	DD D	E QD	INI

Food Facility Plan Review Application PROJECT DESCRIPTION

PROJECT CATEGORY

[] [NEW CONSTRUCTI EXISTING BUILDING REMODEL / EXISTIN	G - New Food Facil	ity (TI))				
Nan	ne of Previous Busin	ess at the Location	:					
Cha		☐ Equipment☐ Structures			☐ Floor Surface			
				Seating Capacit	у			
	Food/Beverage Consumed On Premises			O-49 Seats				
	Single Service Eating/Drinking Utensils			50-100 Seats				
	Multi-use Eating/Drinking Utensils			☐ > 100 Seats				
 DESCRIPTION OF PROJECT 1. Briefly describe the scope of your project. Include type of foods, service, operation, equipment. (Use additional pages if necessary) 								
2. If Remodel, briefly describe the project. Include what areas will <u>and</u> will not be affected i.e. equipment, seating, walls, foods, operation, etc (Use additional pages if necessary)								