

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 Addr	ess: Street	City	State	Zip				
Owner's Phone #:				in City limits?				
Water Supply / Serving Entity:								
Sewage Disposal Type:								
CONTACT PERSON FOR PLANS:								
Phone: ()		Fax: ()	Email:					
Mailing Address:	Street	City	State	Zip				
 Only one set of plans is required All plans must be easily readable and drawn to scale (minimum 1/4" per foot) Include equipment description sheets with your submittal. Attach proposed menu. 								
Plans are reviewed in the order they are received. Plans will be accepted or rejected within 20 working days. You will be notified when your plans are approved or as to the status. Incomplete plans are put on hold until <u>all</u> requested information is received								
*FOR CURRENT FEES CHECK THE FEE SCHEDULE								
Applicant's Signature Date:								
Check Type	PLAN TYPE New Food Facility, Major Remodel of Food Facility, or Preparation with Hood New/Minor Preparation without Hood, Minor Remodel of Food Facility Prepackaged Food Only New/Minor Preparation with Hood, Minor Remodel of Food Facility Equipment only Food Plan Check							
(For Office Use Only) Fee Disclosure Form Signed: ☐ Yes ☐ No ☐ Plans Date Stamped: ☐ Yes								
Amount Paid \$	Date Paid	Receipt #	Check #	Check Date:				
OW	FA	PR PE		ININ				

Food Facility Plan Review Application PROJECT DESCRIPTION

PROJECT CATEGORY

[]	NEW CONSTRUCTI EXISTING BUILDING REMODEL / EXISTIN	G - New Food Facil	ity (TI))				
Nai	me of Previous Busine	ess at the Location	:					
Cha		□ Equipment □ Structures			☐ Floor Surface			
				Seating Capacity	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)								
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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) 							
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