



**Placer County
Health and Human Services
Environmental Health**

Food Facility Plan Review Application

Facility Name: _____

Facility Address: _____

Owner's Name: _____ Email : _____

Owner's Mailing Address: _____
Street City State Zip

Owner's Phone #: (____) _____ Is the facility within City limits? Yes No

Water Supply / Serving Entity: _____

Sewage Disposal Type: Septic System Sewer – Entity Name: _____

CONTACT PERSON FOR PLANS: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Mailing Address: _____
Street City State Zip

- Only one set of plans is required (2 sets required for the Tahoe Office)
- 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 all requested information is received

***FOR CURRENT FEES CHECK THE FEE SCHEDULE**

Applicant's Signature _____ Date: _____

- | | |
|--------------------------|--|
| Check Type | PLAN TYPE |
| <input type="checkbox"/> | NEW FOOD FACILITY WITH HOOD PLAN CHECK |
| <input type="checkbox"/> | NEW FOOD FACILITY WITHOUT HOOD / MINOR REMODEL |
| <input type="checkbox"/> | NEW FOOD FACILITY PREPACKAGED FOOD ONLY PLAN CHECK |
| <input type="checkbox"/> | EQUIPMENT ONLY FOOD PLAN CHECK |
| <input type="checkbox"/> | REMODEL WITH HOOD PLAN CHECK |

(For Office Use Only)				
Fee Disclosure Form Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No			Plans Date Stamped: <input type="checkbox"/> Yes	
Amount Paid	Date Paid	Receipt #	Check #	CC Auth#
\$				

OW# _____ **FA#** _____ **PR#** _____ **PE#** _____ **INV#** _____

Food Facility Plan Review Application
PROJECT DESCRIPTION

Facility (Project) _____
City _____

Contact Person _____
Phone # _____
Fax # _____

PROJECT CATEGORY

- NEW CONSTRUCTION (new building & new food facility)
- EXISTING BUILDING - New Food Facility (TI)
- REMODEL / EXISTING FOOD FACILITY
- EQUIPMENT ONLY

Changes To:

- | | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Menu | <input type="checkbox"/> Equipment | <input type="checkbox"/> Sinks | <input type="checkbox"/> Ex. Hood | <input type="checkbox"/> Floor Surface |
| <input type="checkbox"/> Operation | <input type="checkbox"/> Structures | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other _____ | |

PLEASE CHECK BOX THAT APPLIES

Seating Capacity

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food/Beverage Consumed On Premises | <input type="checkbox"/> 0-49 Seats |
| <input type="checkbox"/> Single Service Eating/Drinking Utensils | <input type="checkbox"/> 50-100 Seats |
| <input type="checkbox"/> Multi-use Eating/Drinking Utensils | <input type="checkbox"/> > 100 Seats |
| <input type="checkbox"/> MFF/CARTS | |

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 and will not be affected i.e. equipment, seating, walls, foods, operation, etc... (Use additional pages if necessary)
