



FOR OFFICE USE ONLY	
Amt Due:	_____
Date Received:	_____
Receipt #:	_____
Invoice #:	_____

Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

FOOD FACILITY PLAN REVIEW APPLICATION

OWNER DETAILS:

Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____

FACILITY DETAILS:

Business Name: _____
 Physical Address: _____
 Is the facility within city limits? Yes No Water Supply/Serving Entity: _____
 Sewage Disposal Type: Septic System Sewer/Serving Entity: _____

CONTACT FOR PLANS:

Name: _____
 Phone: _____ Email: _____

A complete application submittal includes:

- One set of plans. All plans must be easily readable and drawn to scale (minimum 1/4" per foot).
- Manufacturer cut sheets for all proposed equipment.
- A copy of the proposed menu.
- Signed fee disclosure (Page 3 of this packet).

Plans are reviewed in the order they are received. Plans will be accepted or rejected within 20 working days of the date received. Incomplete submittals will be put on hold until all requested information is received. Notification will be sent when the review is complete.

Current fee information is available online at <https://www.placer.ca.gov/3245/Permits-Forms-Fees>.

TYPE OF PLAN SUBMITTAL: (Select only one below.)

- | | |
|--|---|
| <input type="checkbox"/> *New food facility with hood | <input type="checkbox"/> Remodel with hood |
| <input type="checkbox"/> *New food facility without hood | <input type="checkbox"/> Remodel without hood |
| <input type="checkbox"/> *New food facility, prepackaged food only | <input type="checkbox"/> Equipment only |

*A new food facility is one where no prior food facility has existed at this location.

Applicant Name Printed: _____

Applicant Signature: _____ **Date:** _____

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OW _____	FA _____ PR _____ PE _____ SR _____
Fee disclosure form signed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plans date stamped: <input type="checkbox"/> Yes <input type="checkbox"/> No



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FOOD FACILITY PLAN REVIEW APPLICATION
 (continued)

Business Name: _____
 Name of previous business at this location: _____

SERVICE PROVIDED: (Select all that apply.)

<input type="checkbox"/> Food/beverages consumed on premises	<input type="checkbox"/> Mobile food facility/cart
<input type="checkbox"/> Single service eating/drinking utensils	<input type="checkbox"/> Produce Only
<input type="checkbox"/> Multi-use eating drinking utensils	<input type="checkbox"/> Prepackaged food and beverage only

SEATING CAPACITY & SQUARE FOOTAGE: (Select only one below.)

0-49 Seats 50-99 Seats ≥100 Seats Sq. Footage: _____

INDICATE ANY CHANGES TO: (Select all that apply.)

<input type="checkbox"/> Menu	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Floor Surface
<input type="checkbox"/> Structures	<input type="checkbox"/> Sinks	<input type="checkbox"/> Operation
<input type="checkbox"/> Equipment	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Other: _____

PROJECT DESCRIPTION: (Submit additional pages, if necessary.)

1. Briefly describe the scope of your project. Include what areas will and will not be affected, i.e. equipment, seating, walls, foods, operations, etc.



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FEE DISCLOSURE

The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges.

Environmental Health Services are largely fee dependent and most fees are collected at the time of application. However, there are numerous services provided where a basic minimum fee is collected, then if the basic minimum time covered by that fee is exceeded, an additional charge is made.

It is the policy of Placer County Environmental Health to process applications in an efficient and timely manner. A time accounting and reporting system is in place to track these activities. If an additional amount is required it shall be paid prior to issuance of a permit, approval, or report. An account status is available upon request.

Staff time includes field visits, travel time, consultations in the office or by telephone, report review and application/permit processing. Time may include research for special/unique situations. If you are not sure of a potential charge, please contact this office for clarification.

POLICY STATEMENTS

APPLICABILITY

- Refund requests must be made within 12 months of the date of the receipt of payment.
- Refunds are made to the person who originally paid the fee (i.e. the person who signed the check.)
- Requests for refund must have an original receipt attached, as it is the applicant's responsibility to provide proof of the amount of original payment.
- Administration fees will be calculated at a cost of 0.75 hours at the Division's current hourly rate and will be deducted from the refund to help cover the costs associated with processing the refund.

PLEASE READ AND SIGN THE STATEMENT BELOW

I understand that I have paid a fee for food facility plan review and that permit fees are based on the current hourly rate approved by the Board of Supervisors. I also understand that if staff time exceeds this fee, I will be charged an additional amount based upon actual time spent at the current hourly rate. The rate in effect at the time the service was performed shall apply.

Printed Name

File Name/APN

Signature

Date