

**Division of Environmental Health**

100 H Street - Suite 100 - Eureka, CA 95501

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envhealth@co.humboldt.ca.us**Food Facility Plan Check Application** New Remodel Conversion**Facility Information:**

Name of Facility _____

Facility Street Address _____ APN: - -

Facility City/State/Zip _____

Previous Name of Facility _____

Owner Information:

Name of Owner/Operator _____

Owner/Operator Phone Business _____ Cell _____

Mailing Address _____

Mailing City/State/Zip _____

Project Contact:

Name _____

Relation to Project (architect, contractor, etc.) _____

Telephone Number(s) _____

Contractor Information:

General Contractor Name, Phone & Email _____

Plumbing Name, Phone & Email _____

Refrigeration Name, Phone & Email _____

Foodservice Equip. Name, Phone & Email _____

Exhaust Hood Name, Phone & Email _____

Operational Information

Days of Operation:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation:							

What is the anticipated frequency of food deliveries for:

Frozen: _____ Fresh: _____ Dry: _____

Is the water supply: _____ Public _____ Private Is the sewage system disposal: _____ Public _____ Private

If paid by Credit Card: DEH fee paid \$ _____ Date paid: _____ Confirmation # _____

DEH Use Only: 3 hr: PE1626 1 hr: PE1628 Veteran Exempt – verified: _____ O.P. Confirmed by: _____Fee Paid \$ _____ Cash Check # _____ Receipt # _____ IN _____ FA _____ SR _____

Response Due By: _____ EHS Signature: _____ Approval Date: _____

ALL ITEMS MUST BE COMPLETED
INCOMPLETE APPLICATIONS WILL RESULT IN DELAYS

1. A Plan Check fee is due with this submittal, covering the first 3 hours of staff time. Staff time in excess of 3 hours will be billed with the plan approval, and must be paid before a permit can be issued.
2. One complete copy of the plans is required.
3. Consult the *Humboldt County Food Facility Plan Check Guide* for detailed information regarding plan preparation and submittal.

Plan Check Submittal Checklist

- () Menu
 - () Proposed Menu
 - () Description of preparation process for each menu item

- () Floor Plan, drawn to scale, and specifies:
 - () Waste/Recycling Area
 - () Food Storage Areas
 - () Floor Sink location(s)
 - () Employee changing/locker area

- () Equipment checklist that corresponds to the above floor plan, including methods of installation

- () Equipment manufacturer specification sheets, for all kitchen equipment: tables, refrigerators, freezers, small wares, shelving, sinks, buffets, etc.

- () Completed Hood worksheet, one worksheet for each hood -or- UL Listing Card for hood system (if applicable)

- () Equipment manufacturer specification sheets for ventilation hood, exhaust fans, make-up air fans, and cooking equipment

- () Plumbing Schedule

- () Electrical Schedule

- () Finish Schedule

- () Hot Water Demands Worksheet

- () Floor Sample

This checklist is designed to help you provide the reviewing Environmental Health Specialist (EHS) with a complete Plan Check Submittal. The reviewing EHS may request additional information and/or materials.