



Division of Environmental Health

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FOOD FACILITY PLAN CHECK APPLICATION

Type of Project: New Construction Remodel Conversion

Veteran Exempt: Yes No

FACILITY INFORMATION

Name of Facility:	APN:
Previous Name of Facility:	
Facility Address: Street	City & Zip

OWNER INFORMATION

Name of Owner / Operator:	
Work Number:	Cell Number:
Mailing Address: Street	City & Zip

PROJECT CONTACT

Name of Contact:	
Relation to Project (i.e., architect, contractor):	
E-mail:	Phone:

CONTRACTOR INFORMATION

Information Required	NAME	PHONE	E-MAIL
General Contractor			
Plumber			
Refrigeration			
Food Service			
Exhaust Hood			

OPERATIONAL INFORMATION

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

ANTICIPATED FREQUENCY OF FOOD DELIVERIES

Frozen: _____	Fresh: _____	Dry: _____
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SERVICE INFORMATION

The water supply is: <input type="checkbox"/> Public <input type="checkbox"/> Private	The sewage system disposal is: <input type="checkbox"/> Public <input type="checkbox"/> Private
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If paid by Credit Card*: Date and amount paid

Confirmation #:

**Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

<input type="checkbox"/> Veteran Exempt – verified by:	* FOR OFFICE USE ONLY *	O.P confirmed by:
Amount Paid <input type="checkbox"/> PE1626 (3 hr) <input type="checkbox"/> PE1628 (1 hr) \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check #:	Receipt number: IN #:	Service Request: FA #:
EHS/REHS Signature:	Signature Date:	Response Due By:

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

The following 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.

- Menu
 - Proposed menu
 - Description of process for each menu item
- Floor Plan
 - Waste / Recycling Areas
 - 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, shelving, 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