



Division of Environmental Health

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APPLICATION FOR EXEMPTION FROM MECHANICAL VENTILATION

A 1-hour Plan Check fee is due with this submittal. Staff time in excess of 1 hour will be billed with the exemption plan approval.

APPLICANT INFORMATION

Applicant Name:	
E-mail:	Phone:

FACILITY INFORMATION

Facility Name:	
Address: Street	City & Zip
Type: (select one) <input type="checkbox"/> Restaurant <input type="checkbox"/> Market <input type="checkbox"/> Bakery <input type="checkbox"/> Other: _____	

EQUIPMENT INFORMATION

Appliance Type: (rotisserie, oven, etc.)	Weight:
Equipment Manufacturer:	
Manufacturer Address: Street	City & Zip
Equipment Model:	Specifications Included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heat Source: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solid (wood, charcoal, etc.) <input type="checkbox"/> Microwave <input type="checkbox"/> Other: _____	
Certified to meet NSF/ANSI Standard 4? <input type="checkbox"/> Yes** <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
**If "yes", list the certifying organization: <input type="checkbox"/> NSF Int'l <input type="checkbox"/> ETL/I <input type="checkbox"/> UL Sanitation (EPH) <input type="checkbox"/> Other: _____	

Hours per day of appliance operation: _____ **Number of days/weeks:** _____ **Approx. sq. ft. of Facility:** _____

Area(s) with cooking equipment: _____ **Area ceiling height:** _____ **Ventilation (CFM) in area:** _____

of appliances in use that have been previously approved for use without mechanical ventilation: _____
How many appliances are you requesting to install without mechanical ventilation?: _____

Types of foods to be cooked in the appliance: (check all that apply)

<input type="checkbox"/> Pre-cooked wrapped/packaged foods (reheat only)	<input type="checkbox"/> Raw meats and/or raw eggs (meat, fish, poultry)
<input type="checkbox"/> Baked goods (including bread, rolls, pastries, pies, cookies, cakes, etc.)	<input type="checkbox"/> Open cooking (sauté, grill, etc.)
<input type="checkbox"/> Vegetables (including baked potatoes, steamed vegetables, beans, etc.)	<input type="checkbox"/> Deep fat fried foods
<input type="checkbox"/> Pizza (select one: <input type="checkbox"/> frozen par baked <input type="checkbox"/> made fresh)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sandwiches (containing only ready to eat fillings)	

Does the cooking equipment include a "Ductless Hood": <input type="checkbox"/> No <input type="checkbox"/> Yes		
Manufacturer:	Model:	Complies w/ UL Standard 197? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Applicant Signature: _____ **Date:** _____

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 e-mail with this application.

* FOR OFFICE USE ONLY *		
Amount Paid <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	Receipt number	OA initials and date entered: SR#: