



Division of Environmental Health

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CONSUMER PROTECTION PRE-APPLICATION CONSULTATION

Instructions:

1. Provide the information requested on this form and submit the required fee with the completed application to the Division of Environmental Health.
2. Attach copies of documents or reports.
3. Contact Division of Environmental Health personnel and establish a date and time to meet.

Food Facility Pool / Spa Facility Body Art Facility Water System Other: _____

APPLICANT INFORMATION

Applicant Name:	Phone Number:
Mailing Address: Street	City & Zip

I understand that other agencies will have applicable requirements and that this review is not an approval to construct or operate a facility.

Site Address: Street	City & Zip
Directions to Site:	Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY OWNER INFORMATION

Property Owner:	Phone Number:
Mailing Address: Street	City & Zip

I hereby grant 'right of entry' for inspection purposes (when applicable).

Owner Signature: _____ **Date Signed:** _____

TYPE OF PROJECT

New Construction Remodel Change of Operator Menu Change Other: _____

Current Use (existing facility name, if applicable): _____

Proposed Project Description:

Additional Information (attach proposed plan, menu, plan of operation, etc.):

If paid online attach the confirmation of payment that includes: Confirmation Number, Payment Date, Payment Amount.

Veteran Exemption verified by:		* FOR OFFICE USE ONLY *		O.P. confirmed by:	
Amount Paid (PE1657)		Receipt number:		OA Initials and date entered:	
\$	<input type="checkbox"/> Cash			Attachments?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Check #: _____				
Site/Facility ID#:		Record ID #:		Invoice ID#:	
Completed by:			Signature Date:		