

## CHECKLIST TO APPLY FOR FOOD FACILITY PERMIT EXEMPT FROM PLAN CHECK

New food facilities typically must be reviewed and approved by plan check prior to permit issuance. The California Retail Food Code (CalCode) Section 114289 exempts certain structural requirements for a food facility that sells prepackaged non-potentially hazardous foods (PHF) in a retail sales area that is less than 300 sq. ft.. CalCode Section 114289 (a) allows an exemption from an environmental health permit for an operator to sell prepackaged non-PHF if the display space is less than 25 sq. ft.

The department has identified certain operations where it may not be necessary to submit plans to the Plan Check Unit however the department will need to review and approval any food operation. Examples: A food facility that has prepackaged food catered for a meal program. They may bring in up to 3 pieces of equipment to keep the food hot or cold during the meal period only without submitting through plan check.

This evaluation is operators applying for new food facility or food operation that meet the criteria for prepackaged non-PHF that are less than 300 sq ft of retail space or a food facility where prepackaged food is catered to serve a meal service at a school, community center or church. There is an allowance to approve plug in equipment to maintain prepackaged PHF at the meal service however the undistributed food may not be stored overnight at the food facility.

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- Food Facility Evaluation Request Form
  - Completed Santa Clara County CPD Permit Application
  - Menu
  - FP90 – New operating permit application fee

### Permit Exemption – FP04 (\$0)

- Food Facility Evaluation Request Form
- Permit Exemption Declaration Form
- Completed Santa Clara County CPD Permit Application



# FOOD FACILITY EVALUATION REQUEST FORM (Exempt from Plan Check)

DEPT. OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716  
Phone (408) 918-3400 • FAX (408) 258-5891  
Website : [www.ehinfo.org/cpd](http://www.ehinfo.org/cpd)  
Email: [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org)

Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Requester E-mail: \_\_\_\_\_

Owner Name (Sole Proprietorship/Partnership/LLC/Corporation): \_\_\_\_\_  
New Facility Name (dba): \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Start of Operation Date: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Days of Operation:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat  
Does the new owner currently have (or previously had) a permit to operate a facility in Santa Clara County?  
 Yes  No If yes, Facility ID#: FA0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

### SECTION A

Total square footage of food display area: \_\_\_\_\_ sq. ft. (if less than 25 sq. ft., skip to **Section B**)  
**Select one** -  Prepackaged NonPHF (FP75)  
 Prepackaged PHF (FP76/FP21) Meal program – **Attach Menu.**  
Catered by: \_\_\_\_\_  
**Attach written standard operational procedure (SOP)** – SOP must include the following:  
1) No overnight storage of prepackaged PHF and  
2) PHF shall be discarded by the end of meal service time.  
 Food equipment (less than 3 plug-in commercial type allowed) – **Attach photo(s) or specification sheet(s) - NO** equipment that requires new plumbing or ventilation allowed.  
 Attach drawing of sales floor/storage/service: storage shelf for food storages, restroom (handsink with warm water at least 100°F and 1 toilet) located within 200 sq. ft. and janitorial sink. If applicable, include point of sales location and food equipment.

### SECTION B

Total sq. ft. of food display area is less than 25 sq. ft. – Attach the following:  
 Declaration for Permit Exemption  Permit application

Initial items below:

\_\_\_\_\_ I acknowledge that after the department begins to evaluate the information provided and conducted the site evaluation, the fee paid will not be refunded, transferred, or applied to any other program fee.

\_\_\_\_\_ I acknowledge that plans and specifications may also be required by this department if the department determines that they are necessary to assure compliance with the requirements of the California Retail Food Code, including, but not limited to, a menu or change in the facility’s method of operation. Additional fees may apply.

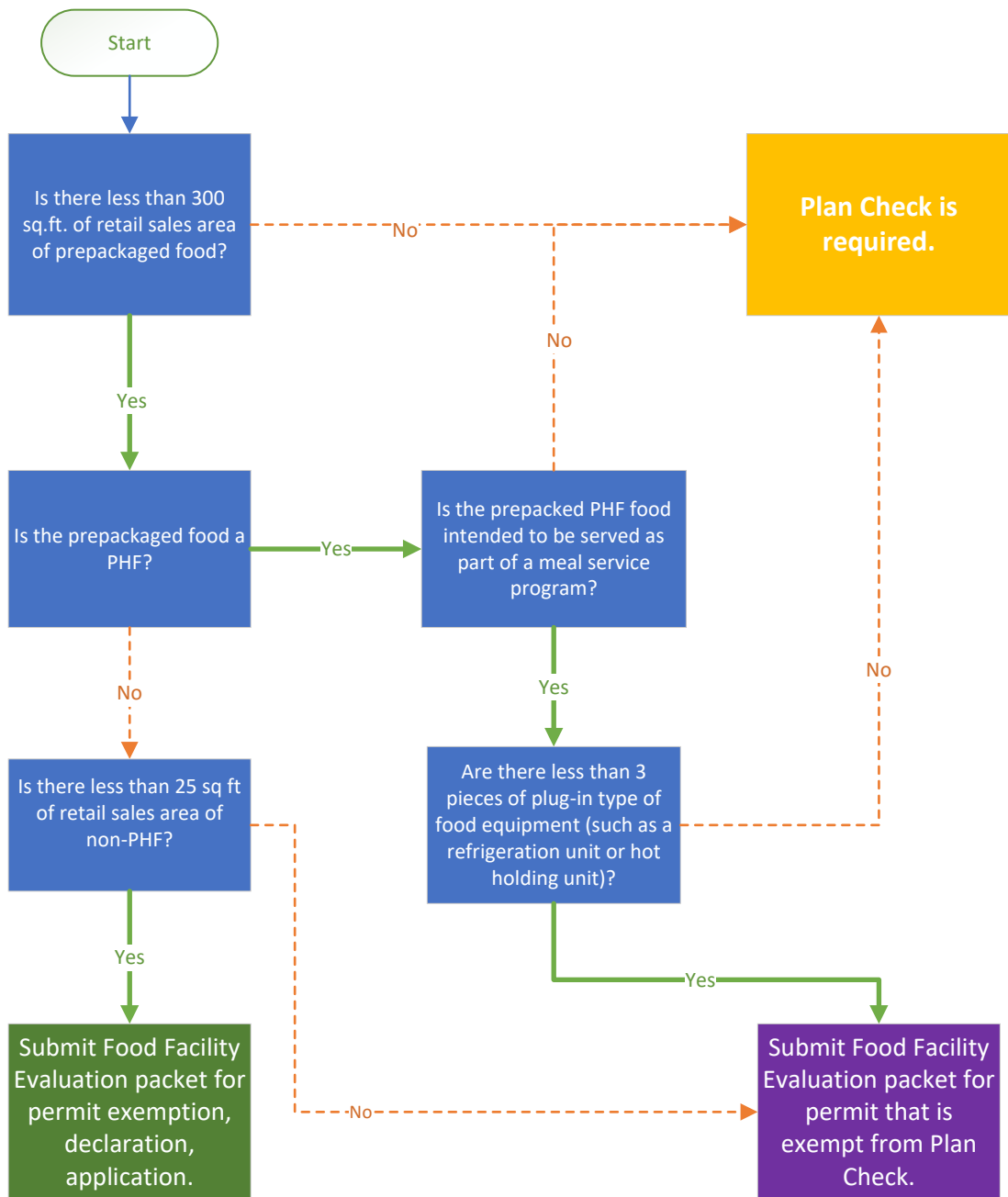
**All fees are non-refundable and non-transferrable.** Once the complete packet is submitted, the department will respond within five (5) business days. This request will expire 90 days after submittal.

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>
SR0 _____ PR0 _____ FA0 _____

# Determination Flow Chart if you can apply for this evaluation.

Legend: PHF=Potentially Hazardous Foods





# PERMIT APPLICATION & CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716  
Phone (408) 918-3400 • FAX (408) 258-5891  
Website: [www.ehinfo.org/cpd](http://www.ehinfo.org/cpd)  
Email: [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org)

**Owner Information:**

Owner Name: \_\_\_\_\_  
*(Corporation, LLC Name or First and Last Name of Primary Owner)*

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Has/Does the owner had/have a permit to operate a Facility in Santa Clara County?  No  Yes *(If Yes, please answer the following):*

Facility ID#: FA0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

**Facility Information:**

Facility Name (dba): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool/Spa Access Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send Official/Billing Correspondence to:**

Owner  Other *(Please specify below):*  
OR Name: \_\_\_\_\_ Care of: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**This permit is renewable annually.** A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a **Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health **of any change** in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE**

**NOTE: Any information contained in this application is a matter of public record, and is available to the public under the California Public Records Act.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Facility ID# FA0 \_\_\_\_\_ ( Add New) New Owner ID# OW0 \_\_\_\_\_ ( Add New)

Food Safety Certification Required?  Yes  No City Code:  Stanford (19)  Unincorporated Area (16)

Business Code: \_\_\_\_\_

Facility Evaluation Date: \_\_\_\_\_ General Program ID# PR0 \_\_\_\_\_ ( Add New) Designated Employee ID: \_\_\_\_\_

P/E: \_\_\_\_\_ Status:  01 (Active Billable)  04 (Active Exempt) Current Permit Valid from \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YY MM / DD / YY

General Permit ID# PT0 \_\_\_\_\_ ( Add New) Permit Status: \_\_\_\_\_ 21 \_\_\_\_\_ Permit Type:  P  PE  PV

Permit Conditions and Descriptions: [Supervisor Initials \_\_\_\_\_]  Add  Modify  Delete Conditions:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  Bill customer  Payment Received Ck#: \_\_\_\_\_  
(Specialist)

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Date e/Mailed: \_\_\_\_\_ \$: \_\_\_\_\_

Support Staff: \_\_\_\_\_ Entered Date: \_\_\_\_\_ New AR#: \_\_\_\_\_ Invoice #: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Business Code:** 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency

**Permit Type:** P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran



## DECLARATION

I, \_\_\_\_\_, declare as follows:

- 1) I am the owner/operator of \_\_\_\_\_,  
 which is located in the County of Santa Clara ("County") at  
 \_\_\_\_\_.
  
- 2) I understand that Section 114289 of the California Retail Food Code (*excerpt from the California Health and Safety Code*) exempts a permanent food facility with a food display area of 25 square feet or less (floor space) from obtaining an Environmental Health Permit to Operate if all food and beverage is pre-packaged from the manufacturer and is not a potentially hazardous food (*e.g., candy, cookies, soda, potato chips*).
  
- 3) I understand that I must comply with the following:
  - a. Food and beverage must be from approved sources and properly labeled. (Provide menu list)
  - b. Food and beverage must be free from adulteration and spoilage.
  - c. Food and beverage must be stored in a clean, dry location at least six inches above the floor, where it is not exposed to splash, dust, vermin, or other contamination. (*Cased food in waterproof containers such as bottles or cans may be stored on a floor that is clean and not exposed to moisture.*)
  
- 4) I understand that I must allow authorized representatives of the County access to my facility during hours of operation and at other reasonable times to verify compliance with the California Health and Safety Code.
  
- 5) I understand that, based upon inspection findings or other evidence, enforcement action may be taken by the County when a violation of the California Health and Safety Code is observed, and that cost recovery may be sought for any enforcement activity; this cost recovery may be in addition to any assessed fines or penalties.
  
- 6) I agree to notify the Department of Environmental Health and obtain the required permit prior to expanding the food and beverage display area to more than 25 square feet, prior to selling, storing, or giving away any potentially hazardous food, OR change or cease operation. Moreover, I understand that failure to do so will prompt legal action by the County.

I declare that I have read, understand, and agree to the requirements and conditions above.

This Declaration was executed on \_\_\_\_\_ (date) in  
 \_\_\_\_\_ (City), California.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_