



## Food Facility Plan Check Application Form

**Facility Type:**  Permanent Food Facility     Mobile Food Facility ➔ Lic. Plate/VIN/Serial #: \_\_\_\_\_

**Scope of Work:**  Site Assessment     New Facility     Existing Permitted Facility  
 Food Prep     Pre-Packaged     Satellite Food Facility     Vending Machine

**Remodel Type:**  Major (≥50%)     Minor (<50%)     Adding Piece of Equipment (up to three)  
 New/Modified Type-I Hood(s): # \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Risk Category:**  Reheating Commercially Packaged Food – No Cooking (RC1)  
 Cooking, Cooling or Reheating Open Foods (RC2-3)

**Project Name** \_\_\_\_\_

**Current/Former Facility Name** (if any) \_\_\_\_\_

**Project Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact Person** (Designer/Architect/Contractor) \_\_\_\_\_

**Business Name** (if any) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Owner/Permittee of Food Operation** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

By my signature below, I acknowledge that I am submitting this plan check application form pursuant to Health & Safety Code section 114380.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**\*\* Office Use Only \*\***

**Comments -**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner ID** \_\_\_\_\_ **Facility ID** \_\_\_\_\_ **District Code/Specialist Name** \_\_\_\_\_

**Program ID** \_\_\_\_\_  Binder  Samples    **Status:**    **Finald**    **Deleted**    **Expired**

**Received By** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Account ID #** \_\_\_\_\_ **Invoice #** \_\_\_\_\_

**Assigned To** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Check Number #** \_\_\_\_\_ **Amount Paid: \$** \_\_\_\_\_

**Plan Check SR #:** \_\_\_\_\_ **P/E Code(s):** \_\_\_\_\_ **Due Date:** \_\_\_\_\_