



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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AMY HARBERT
ASSISTANT DIRECTOR

VENTLESS HOOD CONDITIONAL APPROVAL

Facility Name: _____	Owner: _____
Facility Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	E-Mail: _____

The ductless hood unit _____,
(Make and Model)

- The establishment will be limited to one ventless or ductless hood unit with electric appliance(s). This unit may NOT be used with gas-fired equipment.
- Adequate ventilation must be provided through the facility’s heating, ventilation, and cooling system to offset heat from unventilated cooking appliance where the ductless hood is installed.
- The cooking equipment and exhaust system shall be interlocked such that when the hood is not functional or when the hood is operating at less than 85% efficiency, the cooking equipment will not operate.
- The hood must be installed, serviced, and maintained according to the manufacturer’s specifications.
- This exemption shall not be deemed to supersede any local building and fire code requirements.

Failure to adhere to the above listed conditions will void this approval and require that plans be submitted for the installation of a mechanical exhaust hood.

I declare that to the best of my knowledge and belief, the description of use and information contained on this letter are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____ Date _____

Print Name and Title Here _____

Review by _____ Date _____
(Specialist’s Signature)