# County of San Diego

**DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY**
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
www.sdcountyplancheck.org
Plan Check Scheduling Line: (858) 505-6660


## Unenclosed Permanent Food Facility Declaration Page

**Facility Information:**

Facility Name: _____

Record ID (If Existing Facility): _____

Address: _____

Owner Name: _____

Owner Phone Number: _____

Owner Email: _____

I hereby declare that the facility identified above is a permanent food facility which qualifies for, and seeks to operate as, an unenclosed facility, allowing for the use of open windows, folding doors, or non-fixed store fronts during hours of operation.

I confirm that:

1. During hours of non-operation, the facility will be fully enclosed (with permanent floors, walls, and overhead structure).
2. A written Integrated Pest Management and Food Safety Risk Mitigation Plan must be reviewed and approved by the Department of Environmental Health Quality - Food, Water, and Housing Division, prior to scheduling a final plan check inspection.

I certify that the above statements are true and correct. I further certify that I am authorized to submit this declaration on behalf of the facility named above.

Signature: _____

Printed Name: _____

Date: _____ / _____ / _____

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