Online Plan Submission Instructions

County of San Diego

Department of Environmental Health and Quality

Food and Housing Division
# Table of Contents

Guide to Submitting a Plan Check Application Online ................................................................. 2  

Getting Started .............................................................................................................................................................................. 2  

Instructions to Submit an Application with Plans: .......................................................................................................................... 5  

Step 1 – Login: .............................................................................................................................................................................. 5  

Step 2 – Create an Application: .................................................................................................................................................... 5  

Step 3 – Complete Facility Location Data Fields: ....................................................................................................................... 6  

Step 4 – Complete Contact Information Data Fields: .................................................................................................................. 7  

Step 5 FOOD FACILITY SUBMISSIONS – Complete Facility Details Data Fields: ........................................................................ 8  

Step 6 FOOD FACILITY SUBMISSIONS– Plans> Attach Plans: ................................................................................................. 11  

Step 7 FOOD FACILITY SUBMISSIONS– Review and Submit Application: .................................................................................. 14  

Step 5 POOL FACILITY SUBMISSIONS – Complete Facility Details Data Fields: ....................................................................... 15  

Step 6 POOL FACILITY SUBMISSIONS – Complete Ancillary Facility Data Fields: .............................................................. 17  

Step 7 POOL FACILITY SUBMISSIONS- Attach Plans: ............................................................................................................... 18  

Step 8 POOL FACILITY SUBMISSIONS– Review and Submit Application: ................................................................................ 21  

Checking Application Status: ....................................................................................................................................................... 22  

Resubmitting Plans for Review: .................................................................................................................................................. 23  

Contact Us: .............................................................................................................................................................................. 27
Getting Started

**Becoming a Registered User.** The Online Plan Check Application process requires the public to register for an account to apply and submit new plans and resubmissions for a food/pool/body art/ massage facility. This Help Guide focuses on the process for submitting food and pool facility plans for Department of Environmental Health and Quality (DEHQ) review.

- **Account Creation.** You must be a *Registered User*, within Accela Citizen Access (ACA), to submit an application with plans. Required fields have a red asterisk (*).
  - Click on [Accela Citizen Access (ACA)](http://www.example.com) to access the webpage directly.
  - Or visit the Department of Environmental Health and Quality’s [home page](http://www.example.com) and under “Popular Services” click on “Pay Fees Online.”

- To register, click on **“Register for an Account”** at the upper right hand corner of the home screen, **“Register Now”** in the dialogue box, or **“New Users: Register for an Account”** under the Login button.
• Read through, acknowledge that you have read and accept the General Disclaimer, and click “Continue Registration” button.

Please review and accept the terms below to proceed:

**General Disclaimer**

While the County attempts to keep its web information accurate and timely, the County neither warrants nor makes representations as to the functionality or condition of this website, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the County as a result of updates and corrections.

☐ I have read and accepted the above terms

[Continue Registration »]

• Login Information. Enter a user name, email address, and password, and create a security question and answer, then click “Add New” button.

**Account Registration Step 2: Enter/Confirm Your Account Information**

**Login Information**

* User Name:

* E-mail Address:

* Password:

* Type Password Again:

* Enter Security Question:

* Answer:

**Contact Information**

Choose how to fill in your contact information.

[Add New]
• **Contact Information.** Click the “Add New” button to enter all the requested information. Not entering all of the requested information may delay your application processing time. Once complete, click the “Continue” button.

  **Contact Information**

  - **First:**
  - **Middle:**
  - **Last:**
  - **City:**
  - **State:**
  - **Zip:**
  - **Name of Business:**
  - **Country:**
    - United States
  - **Address Line 1:**
  - **Business Phone:**
  - **Mobile Phone:**
  - **Home Phone:**
  - **Fax:**
  - **E-mail:**

  - **Continue**  
  - **Clear**  
  - **Discard Changes**

  • If you’re contact information has never been used in this system, the following pop-up will appear. Click the “Continue” button to proceed.

  ![](image)

  - The information you entered is not found. Click Continue to create a new account. Click Cancel to change the information.

  - **Continue**  
  - **Cancel**

  • Review your contact information for accuracy and then click on “Continue Registration” button.

  ![](image)

  - **Continue Registration »**

  • Now you can login using your new registered user account and you will be able to submit a new application with plans. You should see the following:

  ![](image)

  - Your account has been created successfully. You may now log in with your new credentials.
Submitting an Application with Plans:

The instructions below are for the submittal of your Food or Pool Plan Check application and plans, including: new construction, minor remodels, resubmissions, and plan revisions.

Step 1 – Login:

  - If you have just created your Registered User account and are still on the page that says you have successfully created your account, please click the “Home” tab (see Figure 1) just above the green banner.
  - Enter your username and password here and click the “Login” button.

Step 2 – Create an Application:

- Click on “DEH” tab.
  - Click on “Create an Application.”
Read through, acknowledge the General Disclaimer, and click “Continue Application” button.

**General Disclaimer**
While the County attempts to keep its Web information accurate and timely, the County neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the County as a result of updates and corrections.

- I have read and accepted the above terms.

Click the drop-down button next to “FHD- Food and Housing Division” and then select your type of submittal.

- **FHD - Food and Housing Division**
  - Housing
  - New Plan Submission – Food/Mobile Food/Body Art/Massage
  - New Plan Submission – Public Pool
  - Plan Resubmittal – All Facility Types (Revision/Recheck/Blue Tag)

- Click “Continue Application” button.

**Step 3 – Complete Facility Location Data Fields:**
- Enter all relevant data. The street name and zip are required fields. Then click the “Search” button. You can also use the “Show Map” feature to search for your facility. If you know all of the requested fields, then you may enter that data, skip the search, and click the “Continue Application” button.

Facility Location

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street No.</td>
<td></td>
</tr>
<tr>
<td>* Street Name</td>
<td></td>
</tr>
<tr>
<td>Street Type</td>
<td></td>
</tr>
<tr>
<td>Unit Type</td>
<td><em>Select</em></td>
</tr>
<tr>
<td>Unit No.</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>* Zip</td>
<td></td>
</tr>
</tbody>
</table>

- Search
- Clear
- Continue Application »
- A pop-up window will appear with the search results. Click the radial button next to the address that matches your facility’s location and then click the “Select” button.

- After entering all of the facility location information or selecting location from the search, click on the “Continue Application” button.

**Step 4 – Complete Contact Information Data Fields:**

- **DEH Plan Check Applicant.** If you are going to be the main contact for the submitted plans, click “Select from Account.” If someone else is going to be the main contact for the submitted plans, then click “Add New” and enter their contact information.

- **DEH Permit Owner.** If you are the Permit Owner for the submitted plans, click “Select from Account.” If someone else is the Permit Owner, then click “Add New” and enter their contact information.

- **DEH Billing Contact.** If you are the Billing Contact for the submitted plans, click “Select from Account.” If someone else is the Billing Contact, then click “Add New” and enter their contact information.
Review all the contact information and if correct, click the “Continue Application” button

Step 5 FOOD FACILITY SUBMISSIONS – Complete Facility Details Data Fields:
*Skip to page 15 for Pool Submissions

• Detail Information. Enter Business Name.

Detail Information

Enter Business Name

* Business Name: 

Enter your Business Name

• Facility Information. Select applicable options.

  o Under “Reason for Submission”

  ▪ New Food Facility: This selection includes ground up construction of a permanent food facility or tenant improvement of a space that could be either a never permitted food facility or was a permitted food facility, is not anymore and there are significant changes to the structure, equipment, menu, or methods of operation.

  ▪ Remodel: This selection is for current permitted food facilities making changes to the structure, equipment, menu, or methods of operation.

  ▪ Consult New/Change of Owner: This selection is for new owners interested in taking ownership of a current permitted food facility, previously permitted food facility, or empty space, and would like to know what is required based on their proposed operation prior to applying for a health permit. This consultation can be done in the office or at the physical proposed location.

  ▪ Consultation Current Permit: This selection is for current permitted food facilities who are interested in making some changes to the structure, equipment, menu, or method of operation and would like to know what is required based on their proposed operation prior to making these changes.
Under “Facility Type”

- **Open Food Processing**: This selection is for any operation that involves handling of open food or beverages. This includes prepackaged from manufacture items that are then opened by an employee to either plate, pour, or further process prior to serving.

- **Prepackaged/Warehouse**: This selection is for any operation where 100% of their food and/or beverage products are prepackaged from manufacture.

- **Mobile Food Processing**: This selection is for any operation that is not in a permanent structure and involves handling of open food or beverages. This includes prepackaged from manufacture items that are then opened by an employee to either plate, pour, or further process prior to serving. These operations are from carts or trucks.

- **Mobile Food Prepackaged**: This selection is for any operation that is not in a permanent structure and 100% of their food and/or beverage products are prepackaged from manufacture. These operations are from carts or trucks.

- **Tattoo, Piercing, Permanent Cosmetics & Branding**: This selection is for any operation that performs tattoo, piercing, permanent cosmetics and branding on a person’s skin.

- **Massage Services**: This selection is for any operation that provides massage services as defined in San Diego County Ordinance Section 66.504.

Under “Total/Square Feet of Facility/Vehicle Interior”

- Enter the entire square footage of the proposed food facility or mobile food facility interior and its premises. For current permitted food facilities submitting plans for remodel, include square footage of only those areas affected by remodel.
Under “Sewer” and "Water"

- Choose a description that best describes the sewer and water services used by your business.
- Be advised that for "Septic/Private" sewer and "Private/Well"/"Small Water System" selections approvals from the County of San Diego, Department of Environmental Health and Quality, Land and Water Quality (LWQ) Division must first be obtained prior to plan approval. Contact the LWQ duty desk at 858-565-5173 for more information.

Food Facility Information. Choose a description that best describes your food facility.

Food Facility Information

MOBILE FOOD FACILITY
MOBILE FOOD FACILITIES MUST SUBMIT COMMISSARY AGREEMENT LETTER (TOILET FACILITY LETTER IF APPLICABLE) NOTE: ALL FOOD FACILITIES INCLUDING MOBILES MUST SUBMIT MENUS WITH APPLICATION

- Review all the information and if correct, click the “Continue Application” button.
Step 6 FOOD FACILITY SUBMISSIONS– Plans> Attach Plans:

- To help expedite the review process please **do not** upload each page of the plan as their own file. Please upload the entire plan set under **one file**, to include: menu, plans, relevant specification sheets, request for mechanical ventilation forms, common use facilities request letters, standard operating procedures, etc. Uploading multiple files will delay processing of the plan submittal package. All submitted files must be .PDF files. For Body Art or Massage facility, please select "DEH-FHD-Food-Misc Plan" for plan type.

- Click the “Add” button to add plans.

  ![Add button](image)

- Click the “Add” button and find your saved file in your computer and click the “Open” button.

  ![File Upload](image)
• Verify that the file has been uploaded and then click the “Continue” button if you are ready to proceed. Otherwise, click the “Add” button again to upload more files.

• Now click on the drop-down button under “Type” and select “DEH-FHD-Food-Misc Plan.” Click on the “Save” button. You may add a description in the description box for the uploaded file.
Verify that your uploaded document is an attachment.

Once you are done uploading files, click on the “Continue Application” button.
Step 7 FOOD FACILITY SUBMISSIONS– Review and Submit Application:

- Review all entered information and make any necessary changes. Click on “Continue Application” button when you are ready to submit.

  [Button: Continue Application »]

- Verify that the application has been successfully submitted and save a copy of the newly created Record Number. DO NOT click on the “View Application Details” button as an error message will respond. To check the status of your application, see the “Check Application Status” section of this guide.

  - This record number is temporary. To check the status of your application, you will need your assigned record number which can be found on your invoice when you receive it. The format of this record number is DEH20XX-(FFPP, FFPN, FAMD, FBAF, FMSG, Etc..)-XXXXXX.
  - DEHQ Staff will reach out to you if further information is required to process your application. If the application is complete, an invoice for applicable fees and instructions on how to make a payment will be sent via email. Please allow up to 24 hours for processing.
  - Once your plans have been reviewed and are found complete, you will receive an email notifying you the fees due. You will be provided a new record number and will be advised to pay the fees due using the new record number.
• Once a payment has been made, provide notification of payment to FHDPlanCheck.LUEG@sdcounty.ca.gov. **Plan Check staff will not begin to review your plans until payment is received.**
• Upon confirmation of payment, your plans will be reviewed in the order it was received. Plans will be reviewed within 20 business days.
• If you have checked the box for express plan review, please note that your request is not guaranteed and is subject to the availability of staff and paid additional fees.

**Step 5 POOL FACILITY SUBMISSIONS – Complete Facility Details Data Fields:**

• **Detail Information.** Enter Business Name.

  **Detail Information**

  Enter Business Name

  *Business Name:*

  Enter your Business Name

• **Scope of Work.** Click “Add a Row” and enter all relevant details in pop-up. Click “Submit” button when complete. Repeat process for each body of water or you may select the drop down and select the total number of bodies of water for this plan submission. Missing data may slow down processing and review time.

  **SCOPE OF WORK**

  Identify all proposed changes in the table below. Add a new row for each body of water.

  | Body Of Water | Location Description | New body of water or spray ground | Structural remodel | Plumbing remodel | Renovation of restrooms or showers | Splitting of main drains/suction outlets | Addition of a solar heating system | Resurface | Renovation of enclosure/fencing | Decking |
  |
  |---|---|---|---|---|---|---|---|---|---|---|
  | | | | | | | | | | | |

  No records found.
**Equipment Details.** Click “Add a Row” and enter all relevant details in pop-up. Click “Submit” button when complete. Repeat process for each body of water or you may select the drop down and select the total number of bodies of water for this plan submission. Missing data may slow down processing and review time.
Review all entered information and make any necessary changes. Click on “Continue Application” button.

**Step 6 POOL FACILITY SUBMISSIONS – Complete Ancillary Facility Data Fields:**

- **Sanitary Facilities.** Click “Add a Row” and enter all relevant details in pop-up. Click “Submit” button when complete. Repeat process for each restroom type or you may select the drop down and select the total number of restrooms for this plan submission. The total number of showers and drinking fountains only need to be on one line entry. Missing data may slow down processing and review time.

## New Construction or Remodel of an Ancillary Facility

### SANITARY FACILITIES
Identify all proposed changes in the table below. Add a new row for each portion of the remodeled ancillary facility (e.g., men’s restroom, women’s restroom, showers, etc.).

<table>
<thead>
<tr>
<th>Sanitary Facility Type</th>
<th>Location Description</th>
<th>Number of Toilets</th>
<th>Number of Urinals</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Number of Drinking Fountains</th>
</tr>
</thead>
<tbody>
<tr>
<td>No records found</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Add a Row**
- **Edit Selected**
- **Delete Selected**

### SANITARY FACILITIES
Identify all proposed changes in the table below. Add a new row for each portion of the remodeled ancillary facility (e.g., men’s restroom, women’s restroom, showers, etc.).

- **Sanitary Facility Type:**
  - Select-
- **Location Description:**
  - Where on the property?
- **Number of Toilets:**
- **Number of Urinals:**
- **Number of Sinks:**
- **Number of Showers:**
- **Number of Drinking Fountains:**

- **Submit**
- **Cancel**
- **Site Description.** Enter required data. For express review, select the appropriate checkbox.

**Site Description**

**APPLICATION DETAILS**

Complete the fields below. The fields with a red asterisk (*) are required.

- *Proposed Construction Start Date:*
- *Projected Construction Completion Date:*
- Existing Facility Permit Number: 
  Enter health permit numb
- Resort/Entertainment Complex Name: 
  Enter resort/complex nam
- *Total # of Bodies of Water:*
- Organized Camp Name: 
  Enter organized camp nam

- I would like to request an express review of plans. I understand this service is not guaranteed and is subject to staff availability. I also understand that this service requires additional fees and I will be assessed these fees after available staff accepts this review.

- Review all entered information and make any necessary changes if needed. Click on “Continue Application” button.

**Continue Application »**

**Step 7 POOL FACILITY SUBMISSIONS- Attach Plans:**

- To help expedite the review process please do not upload each page of the plan as their own file. Please upload the entire plan set under one file, to include: plans, relevant specification sheets, any standard operating procedures, any special requests, any lifeguard plans, etc. All submitted files must be .PDF files.

- Click the “Add” button to add plans.
• Click the “Add” button and find your saved file in your computer and click the “Open” button.

![File Upload]

• Verify that the file has been uploaded and then click the “Continue” button if you are ready to proceed. Otherwise, click the “Add” button again to upload more files.

![File Upload]
- Now click on the drop-down button under “Type” and select “DEH-FHD-Pool Plan.” Click on the “Save” button. You may add a description in the description box for the uploaded file.

- Verify that your uploaded document is an attachment.

- If you are done adding files, click on the “Continue Application” button.
Step 8 POOL FACILITY SUBMISSIONS– Review and Submit Application:

- Review all entered information and make any necessary changes. Click on “Continue Application” button if you are ready to submit.

- Verify that the application has been successfully submitted and save a copy of the newly created Record Number. DO NOT click on the “View Application Details” button as an error message will respond. To check the status of your application, see the “Check Application Status” section of this guide.

- This record number is temporary. To check the status of your application, you will need your assigned record number which can be found on your invoice when you receive it. The format of this record number is DEH20XX-FPOOL-XXXXX.

- DEHQ Staff will reach out to you if further information is required to process your application. If the application is complete, an invoice for applicable fees and instructions on how to make a payment will be sent via email. Please allow up to 24 hours for processing.

- Once your plans have been reviewed and are found complete, you will receive an email notifying you the fees due. You will be provided a new record number and will be advised to pay the fees due using the new record number.

- Once a payment has been made, provide notification of payment to FHDPlanCheck.LUEG@sdcounty.ca.gov. Plan Check staff will not begin to review your plans until payment is received.
Upon confirmation of payment, your plans will be reviewed in the order it was received. Plans will be reviewed within 20 business days.
If you have checked the box for express plan review, please note that your request is not guaranteed and is subject to the availability of staff and paid additional fees.

Checking Application Status:
Once your application has been processed and a record number has been created by Plan Check staff, you can check the status of your application at any time by going to the ACA home page (https://dehpay.com/) and clicking “Search Applications” in the DEH section. Enter your updated Record ID (not the FOAF, FOAR, or FOAP records) in the Record Number field and click Search. Ensure the Record ID entered is the same as the one received to make fee payments.

Once the record is displayed you can check the status by clicking “Record Info” and then clicking “Processing Status” option. You can click on each status for more detailed information.

Please make note of the following statuses and their meanings:

- **Application Review** – The application is being reviewed for completeness and invoice sent to the DEH Billing Contact for payment or the plans were disapproved and returned to the applicant for corrections. If sent back for corrections, the record status will be “Out to Applicant”.

- **Plan Check Review** – The plans are being reviewed by the DEH Environmental Health Specialist.

- **Inspection** – The plans have been approved and the operator must schedule the required field construction inspections. Typically, a new or major remodel of a food facility will require a minimum of 2 inspections: 50-80% complete and 100% complete. Call the scheduling line (858) 505-6660 at least (10) business days in advance to schedule your field inspections.
Resubmitting Plans for Review:
If the plans have been disapproved or need minor corrections, a message will be emailed to the Applicant and the Owner detailing the corrections to be made. The corrected plans must be resubmitted electronically in ACA. Also, if you are revising the plans from what was originally submitted, then this submission must also be done electronically in ACA. Follow steps one and two listed above. At step two, select “FHD” in the dropdown field, then select “Plan Resubmittal-All Facility Types (Revision/Recheck/Blue Tag)”.

- Click on the “Select from Account” button.

  Plan Resubmittal – All Facility Types (Revision/Recheck/Blue Tag)

| 1 Contact Information | 2 Facility Details | 3 Resubmittal | 4 Review | 5 Application Submitted |

  *Step 1: Contact Information > Applicant Details*

DEH Plan Check Applicant

Fill in all required fields and any additional information.

- Select from Account  
- Add New  
- Look Up

  Continue Application »

- Verify that the contact was added successfully then Click on the “Continue Application” button.

  Checkmark: Contact added successfully.

Test
- Home phone:
- Mobile Phone:
- Work Phone:
- Fax:

  Edit  
  Remove

  Continue Application »
• Provide business name as it was originally submitted, then enter the final Record ID that was provided to you in an email for paying fees within the “Record/Project Number” field. Click on the “Continue Application” button.

Step 2: Facility Details > Site Information

Detail Information

• Business Name: 

Enter your Business Name

Application Details

For Record/Project Number, please use the full DEH Record ID. e.g., DEH2017-FFP-012345, DEH2017-FAMD-654321, etc.

• Record/Project Number:

I would like to request an express review of plans. I understand this service is not guaranteed and is subject to staff availability. I also understand that this service requires additional fees and I will be assessed these fees after available staff accepts this review.

Address/Location:

spell check

Continue Application »

• To help expedite the recheck or blue tag process, please only upload the pages that have been corrected or altered as one PDF file. Please delta, cloud, or otherwise mark the changed to the original PDF pages and include information of where each correction has been updated. Do not resubmit full sets of plans, unless every page has been altered. Uploading multiple files will delay processing of the plan submittal package. All submitted files must be .PDF files. For Body Art and Massage facility, please select "DEH-FHD-Food-Misc Plan" for plan type.

• Click the “Add” button to add plans.
• Click the “Add” button and find your saved file in your computer and click the “Open” button.

![File Upload](image)

• Verify that the file has been uploaded and then click the “Continue” button if you are ready to proceed. Otherwise, click the “Add” button again to upload more files.

![File Upload](image)
• Now click on the drop-down button under “Type” and select the affiliated type. Click on the “Save” button. You may add a description in the description box for the uploaded file.

• Verify that your uploaded document is an attachment.
• If you are done adding files, click on the “Continue Application” button.

• Review the application and click on the “Continue Application” button.
• Verify that the application has been successfully submitted and save a copy of the newly created Record Number.

**Step 5: Application Submitted**

Your application has been successfully submitted. Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is DEH2021-FOAR-002092.

- **This record number is temporary.** To check the status of your application, you will need your assigned record number which can be found on your invoice when you receive it. The format of this record number is DEH20XX-(FFPP, FFPN, FAMD, FPOOL, FBAF, FMSG, Etc..)-XXXXXX.

- DEHQ Staff will reach out to you if further information is required to process your application. If the application is complete, an invoice for applicable fees and instructions on how to make a payment will be sent via email. **Please allow up to 24 hours for processing.**

- Once your plans have been reviewed and are found complete, you will receive an email notifying you the fees due. You will be provided a new record number and will be advised to pay the fees due using the new record number.

- Once a payment has been made, provide notification of payment to FHDPlanCheck.LUEG@sdcounty.ca.gov. Plan Check staff will not begin to review your plans until payment is received.

- Upon confirmation of payment, your plans will be reviewed in the order it was received. Plans will be reviewed within 20 business days.

- If you have checked the box for express plan review, please note that your request is not guaranteed and is subject to the availability of staff and paid additional fees.

**Note:**
- Only the registered user who submitted the application can upload additional documents/plans.

**Contact Us:**

If you have questions about the digital plan submission process or general plan check questions, please contact us using our inquiry form.