



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

www.sdcdeh.org



PLAN CHECK APPLICATION

-OFFICE USE ONLY

SAN DIEGO – COC OFFICE
5500 OVERLAND AVE #110
SAN DIEGO, CA 92123
(858) 505-6660 FAX (858) 467-9282

MAILING ADDRESS
PO BOX 129261
SAN DIEGO, CA 92112

PC RECORD #: _____

INTAKE DATE: _____

PAYMENT TYPE: _____

FOOD FACILITY BUSINESS AND CONTACT INFORMATION

<input type="checkbox"/> NEW FOOD FACILITY	<input type="checkbox"/> REMODEL CURRENT PERMIT	<input type="checkbox"/> CONSULT- NEW / CHANGE OF OWNER	<input type="checkbox"/> CONSULTATION CURRENT PERMIT	<input type="checkbox"/> REVISION	<input type="checkbox"/> BODY ART
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Facility Name: _____ Assessor's Parcel No.: _____

Facility/ Commissary Address: _____ City: _____ Zip: _____

BUSINESS OWNER:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ E-Mail: _____

VETERANS MAY QUALIFY FOR FEE EXEMPTION (complete additional application for consideration) **Yes, I am a Veteran.**

DESIGNER/CONTRACTOR:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____ CA. Contractor's License (if applicable): _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____ Contact Phone: (____) _____

Contact Fax: (____) _____ E-Mail: _____

FACILITY INFORMATION

<input type="checkbox"/> Open Food Processing	<input type="checkbox"/> Prepackaged/Warehouse	<input type="checkbox"/> Mobile Food Processing	<input type="checkbox"/> Mobile Food Prepackaged
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FOR PERMANENT FOOD FACILITIES

Total Square Feet of Facility: _____ Projected Date for Completion: _____ Total # Staff: _____

Max. # of Employees per Shift: 1-10 11-25 26-100 100+ Seating: 0 1-20 21-50 51-100 101+

Projected # Meals to be Served: ____ Breakfast ____ Lunch ____ Dinner Customer Utensils: Single Use Multi-Use

Is there outdoor dining, outdoor bar, barbecue, wood oven etc. associated with the food facility? Yes No If yes, explain: _____

Grease Trap/Interceptor required: Yes No; If yes indicate location _____

Employees Restrooms _____; Public Access? Yes No Food Court? Yes No---If so Enclosed Yes No

SEWER: Public- Septic/ Private **WATER:** Public- Well/ Private (If private contact Land Use at (858) 565-5173)

Identify the municipal water and wastewater district(s) _____

FOOD FACILITY ONLY

INDICATE THE SERVICES OR TYPE OF FOOD FACILITY PROVIDED (Check all that apply)

- Restaurant/Deli Market-Packaged Market-Prep Catering School-Preparation Kitchen School Satellite Site
- Licensed Health Care Boat Retail Processing Minimal Food (frozen ice cream dipping, hot dogs, beverages)
- Commissary-For Food Prep Commissary-For Packaged Food or Vending Machine HQ Wholesale Warehouse
- Packaged Non-Potentially Hazard Food Food Delivery Service Catering Equipment Rental Swap Meet Vendor

MOBILE FOOD FACILITY ONLY

MOBILE FOOD CART: PACKAGED FOOD OR PRODUCE ONLY LIMITED FOOD PREPARATION (LFP)

Up To 4 Carts May Operate at a SINGLE SITE - Number of LPF Carts _____ Number of Packaged Carts _____

MOBILE SUPPORT UNIT FOR CART REPORTS TO COMMISSARY:

MOBILE FOOD TRUCK/VEHICLE ONLY: Packaged/Produce Limited Food Prep (LFP) Full Food Prep

MOBILE FOOD FACILITIES MUST SUBMIT **COMMISSARY AGREEMENT LETTER** (TOILET FACILITY LETTER IF APPLICABLE)

NOTE: ALL FOOD FACILITIES INCLUDING MOBILES MUST SUBMIT MENUS WITH APPLICATION

BODY ART FACILITY ONLY

INDICATE THE SERVICES YOU WILL BE PROVIDING (Check all that apply)

- Tattooing Permanent Cosmetics Body Piercing Branding Mobile Vehicle

INFECTION PREVENTION & CONTROL PLAN (IPCP) TO BE SUBMITTED FOR REVIEW PRIOR TO OPERATING

OTHER AGENCIES: BLDG DEPARTMENT FIRE DEPARTMENT ZONING WATER/WASTEWATER DISTRICTS APCD DEH-LWQ

(Note: If you are the sole business owner and an honorably discharged veteran you may be eligible for a fee exemption.)

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans 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 that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Plans are valid for one year after stamp. 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: _____

(For office use only)
PLAN CHECK #/: _____ PERMIT TYPE: _____ CENSUS TRACT: _____

ASSIGNED TO: _____ ROUTE CODE: _____

PLAN STATUS APPROVED DISAPPROVED BLUE TAG; PC INITIALS _____ REVIEW DATE _____

RECHECK STATUS APPROVED DISAPPROVED BLUE TAG; PC INITIALS _____ RECHECK DATE _____

Comments _____ DATE APPROVED _____