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

☐NEW FOOD FACILITY	☐ REMODEL CURRENT PERMIT	☐CONSULT- NEW / CHANGE OF OWNER	☐CONSULTATION CURRENT PERMIT	☐REVISION	☐BODY ART

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

☐Open Food Processing	☐Prepackaged/Warehouse	☐Mobile Food Processing	☐Mobile Food Prepackaged

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 Auxiliary 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_____

EMAIL APPLICATION