



# 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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### APPLICATION FOR SPECIALIZED FOOD PROCESS REVIEW

Facility Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

Business Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

INITIAL SUBMITTAL

RESUBMITTAL

#### CHECK THE BOX THAT APPLIES TO THE SPECIALIZED PROCESS BEING SUBMITTED FOR REVIEW (Select only 1 per application):

- Live Molluscan Shellfish Wet Storage Tank
- Smoking of Food for Preservation
- Curing of Food for Preservation
- Using Food Additives For Preservation
- Other: \_\_\_\_\_

*In addition to this application, you must submit for review and approval a detailed Hazard Analysis Critical Control Point (HACCP) Plan to the Food and Housing Division of the Department of Environmental Health. The HACCP plan must include all information related to the specialized process utilized at your facility, as described in sections §114419.1 and §114057.1 of the California Retail Food Code.*

#### FEES:

- HACCP Review - \$284
- HACCP Resubmittal - \$142 per hour

AN ENVIRONMENTAL HEALTH FEE IS REQUIRED FOR REVIEW OF A SPECIALIZED PROCESS. FEES ARE NOT REFUNDABLE OR TRANSFERRABLE.

I understand the above stated and declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary fees and inspections made pursuant to the operation of this business and for the review of these processes. 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ (Print) \_\_\_\_\_ (Sign)

DATE REVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] PLAN ACCEPTED [ ] PLAN REJECTED