



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY  
FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

(858) 505-6659 [www.sdcountyplancheck.org](http://www.sdcountyplancheck.org)

Plan Check Scheduling Line: (858) 505-6660



## Prepackaged Cart Plan Submittal Package

The items highlighted in orange are requirements that must be illustrated/shown on the submitted plans. The items in blue will be checked during the initial inspection of the truck. All items are required unless otherwise noted. Initial each box indicating that the item is completed on the plans or installed on the cart. Complete this packet and call 858-505-6660 to schedule a review of the completed packet and an inspection of the cart.

Pre-Packaged Cart Examples: Frozen Icecream, tamales, drinks & chips.

INITIAL	ITEM
	Menu or list of all items being sold (ex. ice cream, soda, candy, prepackaged tamales)
	Each piece of equipment and location on the cart
	Make and model of all equipment (If applicable)
	Completed table listing the material of finishes. (See page 2)
	Indicate equipment power source: <input type="checkbox"/> Battery <input type="checkbox"/> Propane Tank
	Firstaid Kit
	10 BC-rated fire extinguisher (required if electrical or gas equipment is used)
	Identification on the vehicle - Name of Facility, City, State, and Zip Code of the permit holder Lettering of the business name: 3 inches high minimum City, State, and Zip Code of the permit holder: 1-inch-high minimum
	Completed plan check application
	Signed commissary letter
	Mechanical refrigeration powered on and capable of cold holding at/below 41°F (if applicable) Steam table capable at hot holding at/above 135°F (if applicable)

**Finish Materials**

\*Raw wood not permitted to be used as exterior cart material

LOCATION/EQUIPMENT	MATERIAL
Exterior of Cart	
Interior of Cart	
Other:	

**Illustrate the following items on the diagram on page 3:**

- Location of battery (if applicable)
- Location of steam table and propane/gas tank (if applicable)
- Location of first aid kit.
- Location of fire extinguisher (if applicable)
- Identification information. Identification shall include Name of Facility, as well as the City, State, and Zip Code of the permit holder.

**OFFICE USE ONLY**

**SCHEDULING INFORMATION**

**APPROVAL STAMP**

Plans are approved by the Department of Environmental Health and Quality, Food and Housing Division and contingent on the final inspection.

Contact your plan check specialist or the scheduling line at (858) 505-6660 at least 10 working days in advance to schedule an inspection at the office.

Our office is located at 5500 Overland Ave, Suite 170, San Diego CA 92123  
Hours: 8:00AM – 4:00PM (Closed for lunch from 12:00 – 1:00PM)

Your inspection is scheduled for: \_\_\_\_\_ Time: \_\_\_\_\_

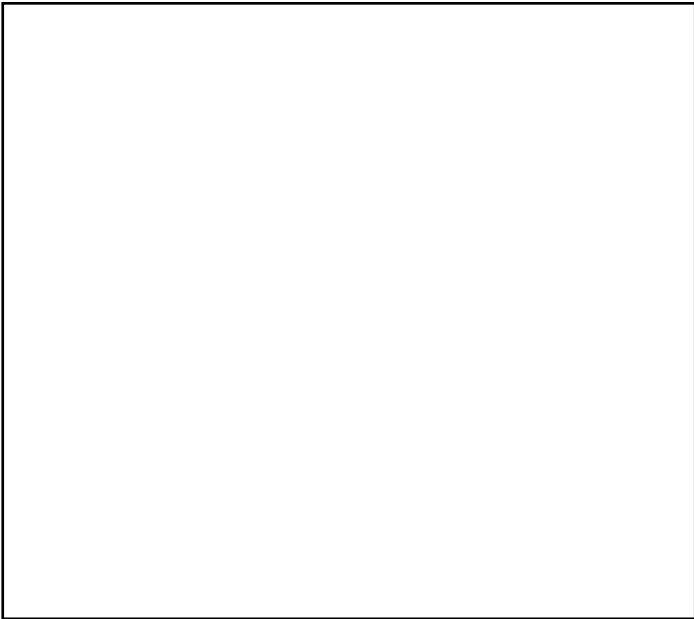
Assigned Specialist: \_\_\_\_\_

Contact Information: \_\_\_\_\_

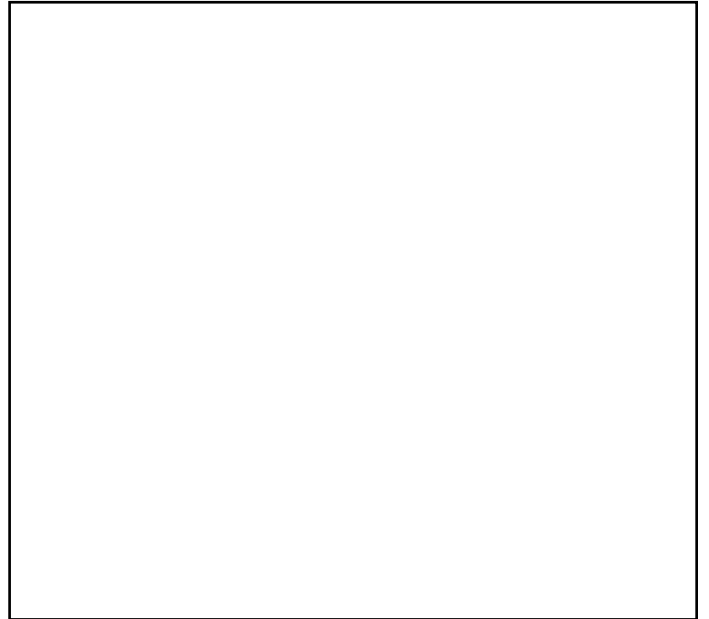
**Illustrate Plan Here**  
**See page 4 as an example**

LIST OF MENU/ITEMS BEING SOLD

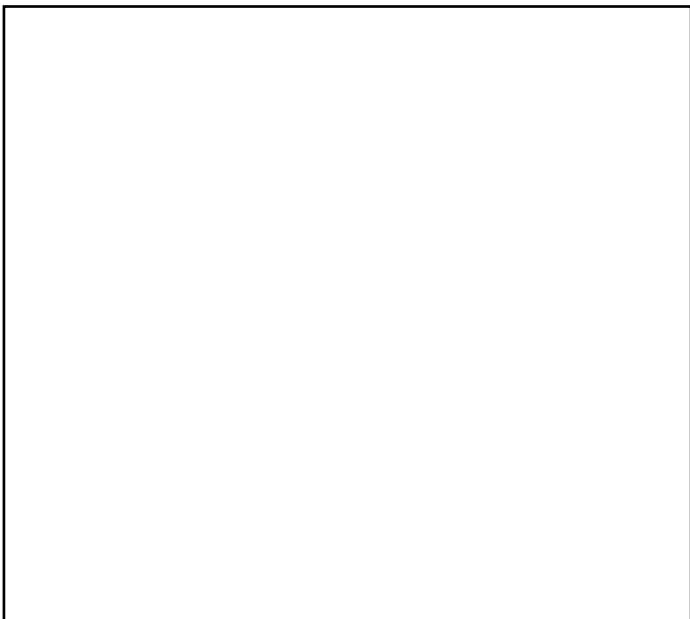
**LEFT SIDE**



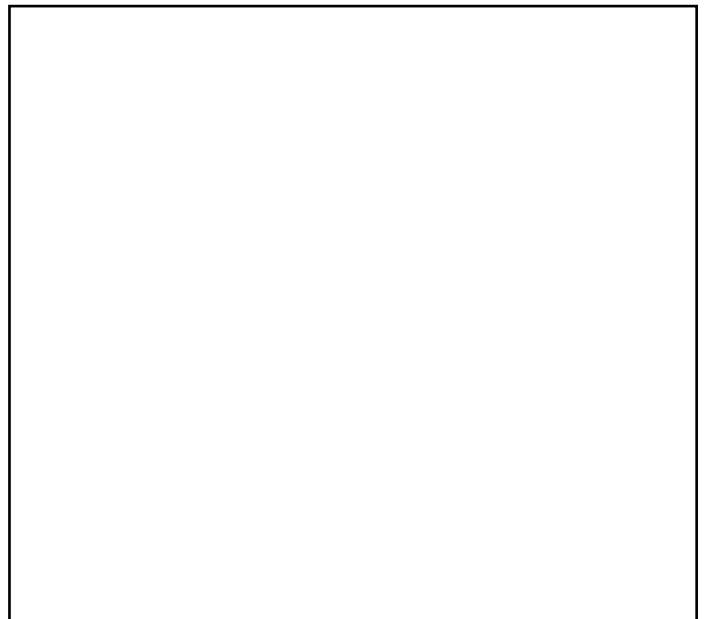
**TOP SIDE**



**RIGHT SIDE**



**FRONT**

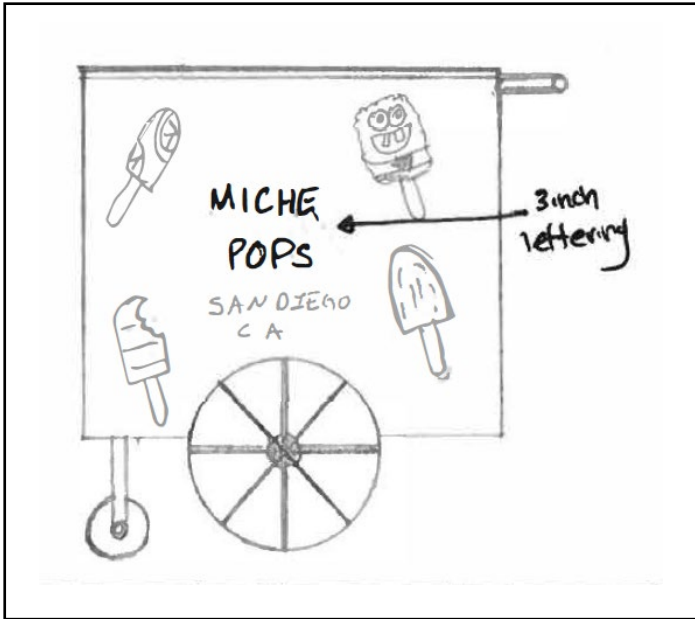


PLAN EXAMPLE

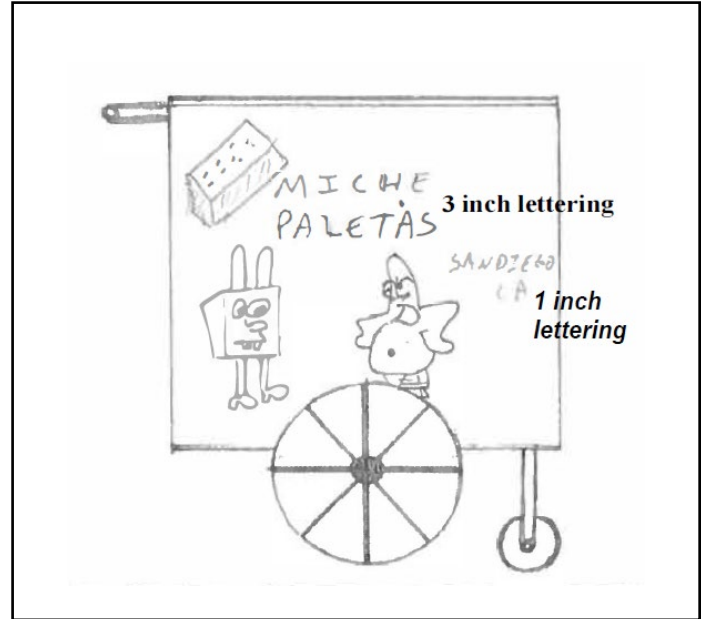
LIST OF MENU/ITEMS BEING SOLD

Prepackaged Drinks,  
Prepackaged Ice cream  
Candy  
Chips  
Napkins

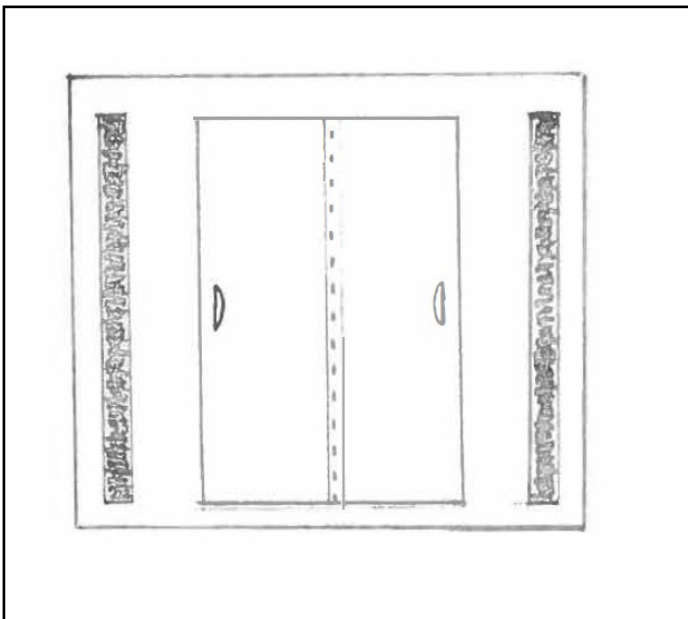
LEFT SIDE



RIGHT SIDE



TOP SIDE



FRONT

