



# County of San Diego

**DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY**  
**FOOD AND HOUSING DIVISION**  
[www.sdcdehq.org](http://www.sdcdehq.org)



## PLAN CHECK APPLICATION

**-OFFICE USE ONLY**

SAN DIEGO – COC OFFICE  
 5500 OVERLAND AVE #110  
 SAN DIEGO, CA 92123  
 PHONE (858) 505-6660 | FAX (858) 999-8920

MAILING ADDRESS  
 PO BOX 129261  
 SAN DIEGO, CA 92112

PC RECORD #: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_

### FOOD FACILITY BUSINESS AND CONTACT INFORMATION

<input type="checkbox"/> <b>NEW FOOD FACILITY</b>	<input type="checkbox"/> <b>REMODEL CURRENT PERMIT</b>	<input type="checkbox"/> <b>CONSULT- NEW / CHANGE OF OWNER</b>	<input type="checkbox"/> <b>CONSULTATION CURRENT PERMIT</b>	<input type="checkbox"/> <b>REVISION</b>	<input type="checkbox"/> <b>BODY ART</b>
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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 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 Environmental Health and Quality. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

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 \_\_\_\_\_