APPLICATION FOR PLAN REVIEW

SUBMITTAL REQUIREMENTS: TI	HREE (3) SETS OF PLANS						
Business Name:							
Address:		City:		State:	Zip:		
Business Owner:							
Address:	C	ity:		State:	Zip:		
Architect/Engineer:				Phone: ()		
Address:	C	ity:		State:	Zip:		
Contact Person:				Phone: ()		
E-mail Address:							
Maximum number of employee	s (including owner) at any gi	ven time	:				
Alcoholic beverage served on premise? Yes No Payment Information							
Seating Capacity: Square Footage:			-				
Food Market Retail 25 - 5,999 Sq. Ft. 6,000 + Sq. Ft.	Restaurant Seating Capacity 0 - 60 seats 61+ seats		☐ Check No: ☐ ☐ Credit Card ☐ Case Amount: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			□Cash	
Retail Food Processing ☐ 1 - 1,999 Sq. Ft. ☐ 2,000 − 5,999 Sq. Ft ☐ 6,000 + Sq. Ft.	Simple Remodel Less than 300 Sq. Ft. Site Evaluation		Misc. Massage Body Art HACCP Plan Review				
Food Warehouse & Vehicles Food Warehouse Food Vehicle Food Cart	Swimming Pools/Spas Simple Remodel Major/New Constru						
I understand that the amount o plans submitted. If this declarat	·					of the	
SIGNATURE:			Date:				
PLANS APPROVED BY:				Date:			
Note: Machanical Plumbing and Floot	rical normits may be required as a	rocult of th	a construction	For questions	in rogards	to filling	out this form

Note: Mechanical, Plumbing, and Electrical permits may be required as a result of the construction. For questions in regards to filling out this form, please contact the Public Health Department at (626) 744-6004