

Environmental Health • 463 Aviation Blvd, Santa Rosa, CA 95403 • 707-565-6565 • EH@sonoma-county.org https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

FOOD FACILITY PLAN REVIEW APPLICATION

<u>NOTE</u>: Environmental Health will not process the plans until plan review fees are paid (see <u>Fee Schedule</u>) and a complete, legible plan review package is submitted (i.e. application, 3 sets of plans drawn to a minimum scale of ¼ inch = 1 foot, 1 set of manufacturer specification sheets, and proposed menu).

SUBMITTING THE FOOD FACILITY PLAN REVIEW APPLICATION IS NOT A PERMIT TO OPERATE.

A FOOD FACILITY THAT OPERATES WITHOUT A VALID RETAIL FOOD FACILITY PERMIT MAY BE SUBJECT TO

CLOSURE AND PENALTY OF UP TO 3 TIMES THE COST OF THE PERMIT

| Facility Name | | APN (if known) | Sq. F | etg. of Facility Interior |
|---|--|---|---|--|
| Site Address | | Ste # | _ City | Zip |
| Owner Name(s) | | | Phone | |
| Mailing Address | | Ste # | _ City | StateZip |
| Email Address | | | | |
| Contact Person/Title | | | Phone | |
| Mailing Address | | Ste # | _ City | StateZip |
| Email Address | | | | |
| Type of Construction (Check one): ☐ MacScope of Work | | | | e/Add (up to 2 pcs, not under hood) |
| Extent of Food Service (Check all that apply |): □ Prepackaged Food Only | ☐ Food Preparation wi | thout Cooking □ Foo | d Preparation with Cooking |
| Water Supply: □ Public | □ Private Well* | Sewage Disposal: □ | Public | □ On-Site/Septic** |
| | | | | quired prior to issuance of permits |
| I understand that Environmental Health will redetermined that all necessary information is approved plans prior to issuing a building per until Environmental Health has approved the rate. Plan review and construction inspection food facility for business: | in conformance with applicable mit for any construction/renovatio plans and building permits are obtees (including travel time) are se | laws and regulations. n of a food facility. Constained. Plan review fee | The local Building Departruction and/or installates are a prepaid estimate onal permit fee. The follonal permit fee. The follonal permit fee. | partment must receive Environmental Health tion of equipment in the facility shall not begin e of time and are based on the current hourly |
| Obtain final construction inspectio Submit the Retail Food Facility Pe Any additional time beyond the ini | ermit application and fees. | | | ermit application. |
| Applicant Signature | | | Da | te |
| Print Name | | Title | | |
| For office use only: | | | | |
| Application Date | PE# | FA# | SR # | District |
| Plans Reviewed by | Date | Plans Approved by | / | Date |
| ☐ Cash ☐ Check/Credit Card Trans# | Date Rec'd | by | | _ Amount Rec'd \$ |

Comments