

Environmental Health 💠 625 5th Street, Santa Rosa, CA 95404 💠 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. Ftg. of Facility Interior		ior	
Site Address	Ste #	City		Zip	
Owner Name(s)		Phone			
Mailing Address	Ste #	City	State	Zip	
Email Address					
Contact Person/Title		Phone			
Mailing Address	Ste #	City	State	Zip	
Email Address					
Type of Construction	on (Check one): 🗆 New Construc	tion 🗆 Remodel			
Scope of Work					
Extent of Food Service (Check all that apply):	Food Only	without Cooking	1 Food Prenaration with	Cooking	
Water Supply: Public Pri		-		-	
*CDPH Drinking Water Branch clearance is require					
I understand that Environmental Health will review these plans with determined that all necessary information is in conformance with approved plans prior to issuing a building permit for any constructio until Environmental Health has approved the plans and building per rate. Plan review and construction inspection fees (including travel food facility for business:	applicable laws and regulations n/renovation of a food facility. Co rmits are obtained. Plan review fe	. The local Building nstruction and/or in es are a prepaid es	g Department must rec stallation of equipment stimate of time and are	eive Environmental Health n the facility shall not begin based on the current hourly	
 Obtain final construction inspection approval from Envire Submit the Retail Food Facility Permit application and fe Any additional time beyond the initial paid plan review fee 	ees.				
Applicant Signature		Date			
Print Name	Titl	е			
For office use only:					
Application Date	FA #	SR #		District	
Plans Reviewed by Date	Plans Approved	by	Date		
Cash Check/Credit Card Trans#	Date Rec'd b	у	Amount Rec'd \$		
Comments					