

Environmental Health � 625 5th Street, Santa Rosa, CA95404 � 707-565-6565 � <u>EH@sonoma-county.org</u> <u>https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/</u>

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 1/4 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		
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 (Check one): ☐ Major Scope of Work				place/Add (up to 2 pc	s, not under hood)
Extent of Food Service (Check all that apply):	☐ Prepackaged Food Only ☐	Food Preparation w	rithout Cooking □ F	Food Preparation with	Cooking
Water Supply: ☐ Public	□ Private Well* S	Sewage Disposal: □	Public		☐ On-Site/Septic**
*CDPH Drinking Water Branch	clearance is required prior to is	suance of permits *	*PRMD clearance is	required prior to issu	ance of permits
I understand that Environmental Health will revidetermined that all necessary information is in approved plans prior to issuing a building permiuntil Environmental Health has approved the planta. Plan review and construction inspection ferfood facility for business:	n conformance with applicable la t for any construction/renovation ans and building permits are obta es (including travel time) are sep	aws and regulations. of a food facility. Cor ained. Plan review fe arate from the operat	The local Building astruction and/or inst- es are a prepaid esti- ional permit fee. The	Department must rec allation of equipment i mate of time and are following must be co	eive Environmental Healt in the facility shall not beg based on the current hour
 Obtain final construction inspection Submit the Retail Food Facility Perr Any additional time beyond the initia 	nit application and fees.				
Applicant Signature				Date	
Print Name	Title				
For office use only:					
Application Date	PE#	FA#	SR #		District
Plans Reviewed by	_ Date	Plans Approved b	Dy	Date	
☐ Cash ☐ Check/Credit Card Trans#	Date Rec'd _	by	/	Amount Rec'd \$	

Comments