



ENVIRONMENTAL HEALTH DIVISION

2120 DIAMOND BOULEVARD, SUITE 200
 CONCORD, CA 94520
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www.cchealth.org/eh
PlanReview@hsd.cccounty.us



PLAN REVIEW CONSTRUCTION / REMODEL APPLICATION

PLEASE PRINT CLEARLY

PLAN INFORMATION									
Business / Facility Name:				Former Business Name (if applicable):					
Street Address:				City, State, Zip Code:					
Cross Street:		Jobsite Phone #:		Jobsite Fax #:					
New construction: <input type="checkbox"/> YES <input type="checkbox"/> NO		Square Footage: _____		Remodel: <input type="checkbox"/> YES <input type="checkbox"/> NO		Square Footage: _____			
				Status: <input type="checkbox"/> Operating <input type="checkbox"/> Closed		(How long: _____)			
Scope of Work: _____									
<input type="checkbox"/> Off-Site Water <input type="checkbox"/> On-Site Water <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> On-Site Waste Water Treatment System									
Type of Food Facility: <input type="checkbox"/> Bakery <input type="checkbox"/> Commissary (Cart / Vehicle) <input type="checkbox"/> Commissary (Catering) <input type="checkbox"/> Restaurant (# of seats _____)		<input type="checkbox"/> Production Kitchen <input type="checkbox"/> Retail Food Market (sq. ft. _____) <input type="checkbox"/> School <input type="checkbox"/> Snack Bar <input type="checkbox"/> Tavern/Cocktail/Lounge/Bar		<input type="checkbox"/> Farm Stand <input type="checkbox"/> General Acute Care Facility <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Other (specify) _____					
Type of Pool Facility: <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Additional Pool/Spa (same location) <input type="checkbox"/> Recreational Water Park <input type="checkbox"/> Spray Grounds									
PERSON / ORGANIZATION REQUESTING PLAN REVIEW									
Applicant/Contact Person: Last Name, First Name				Title:					
Company:				Email Address:					
Mailing Address:				City, State, Zip Code:					
Phone Number:				Fax Number:					
Signature of Applicant/Contact Person:				Date:					
BUSINESS OWNER INFORMATION (Permittee / Tenant)									
Business / Facility Owner Name:				New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Owner Mailing Address/Home Address:				City, State, Zip Code:					
Billing Address (if different from mailing/home address):				City, State, Zip Code:					
Phone Number:		Fax Number:		Email Address:					
Federal Tax ID # (If Corporation):		Social Security #:		Driver's License #:					
FOR OFFICE USE ONLY									
AR#:	FA#:	SR #:	P/E #:	Census Tract:	District:	Date Received:	Receipt #:	Received By:	
Amount Due:		Method of Payment: Check #: _____						Cash / Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA	

**PLAN REVIEW FEES WILL BE CHARGED AT A FLAT RATE
 TIME SPENT ON A PROJECT IN EXCESS OF THE MAXIMUM HOURS ALLOTTED WILL BE BILLED AT THE CURRENT HOURLY RATE
 CONSTRUCTION/REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS ARE OBTAINED**