



ENVIRONMENTAL HEALTH DIVISION

2120 DIAMOND BOULEVARD, SUITE 200
CONCORD, CA 94520

(925) 692-2500 FAX (925) 692-2505

www.cchealth.org/eh/PlanReview

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 / Catering) <input type="checkbox"/> Incidental Retail Food Market <input type="checkbox"/> Restaurant (# of seats _____)		<input type="checkbox"/> Seasonal Facility <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"/> Recreational Water Park <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Additional Pool/Spa at Same Location							
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)							
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#:	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					

DEPOSIT AMOUNT MAY NOT COVER THE ENTIRE PLAN REVIEW TIME. ADDITIONAL HOURS MAY BE BILLED AT THE CURRENT HOURLY RATE.

CONSTRUCTION/REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS OBTAINED.

Plan Review Submittal Quick Checklist

Below are some common items, which are typically missing or inadequately detailed that may delay plan review and approval. This checklist is not all inclusive and is subject to change without notice. Refer to the appropriate state laws and CCDEH construction guidelines for additional requirements and details. We provide pre-design consultation on a first come, first serve basis, Monday through Friday 7:30 a.m. to 9:00 a.m., 30 minutes maximum, no appointment needed. **If any of the information below is incomplete, the plans will not be accepted for review**

Yes Sheet #	N/A	Plan Layout	Guide Pg#
		Initially one (1) complete set of plans (accurate, clear, drawn to scale, 1/4" per 1' recommended, and must be designated for construction only). Four (4) complete set will be required for revised and/or final approval.	2
		Clearly designate/describe all areas, including kitchens, storerooms, bars, wait-stations, customer self-serve stations, garbage/refuse storage, utensil washing, display floors, employee locker areas, chemical storage, janitorial, and offices.	2
Yes Sheet #	N/A	Finishes	Guide Pg#
		Finish Schedule: Wall and ceiling finishes and materials described for each area, including walk-in units and restrooms.	4, 11
		Finish Samples: Floor, wall and ceiling samples provided (including integral cove bases). (Note: Foot of cove pieces must be at least 1/4" long.) Provide scale cross-section drawings of all integral cove bases (including at counter toekicks).	4
Yes Sheet #	N/A	Equipment	Guide Pg#
		Equipment cut-sheets/manufacturer specification sheets for all equipment showing conformance with applicable NSF standards. Number cut-sheets/manufacturer specification sheets to correspond with equipment numbers designated on plans.	15
		Clearly show locations of all equipment.	2
		For unlisted equipment, sufficient details to determine ANSI/NSF equivalency.	15
		Elevations for all equipment (e.g., 6" legs, casters, cove base). Do not show casters less than 6" high unless equipment can be readily moved.	15
		Food preparation sink required (except in prepackaged food only facilities). For a typical retail food facility, you would need a utensil (three compartment sinks), food preparation, mop/janitorial and handwashing sinks.	30
Yes Sheet #	N/A	Lighting	Guide Pg#
		Submit lighting plan. Light of at least 20 foot candles (ftc) intensity must be provided during hours of operation in the kitchen, other food handling areas, customer self-serve areas, restrooms, utensil washing and storage areas, and inside reach in and undercounter refrigeration units. Light of at least 50 ftc intensity must be provided in areas where employees use knives, grinders, slicers, saws, or similar type equipment, and in all areas during cleaning operations.	41
		Shatter-proof covers or bulbs indicated where required.	41
Yes Sheet #	N/A	Water Heater	Guide Pg#
		Water heater size, location, recover rate (BTU's or kilowatts), and if floor mounted, approved installation (e.g., 6" legs). Provide cut sheet.	38

		Hot water demand calculation. See handout Hot Water Demand Worksheet.	Sect. 11
Yes Sheet #	N/A	Trash Enclosure or Area	Guide Pg#
		Location and construction shown of trash areas. Easily cleanable and durable floors, walls, and ceilings.	36
		Show drainage and hot/cold plumbing details. Must be approved potable water.	36
		Water heater minimum 10 gallon tank with 2.24 kw (show location, cut sheet if tankless minimum 17.88 kw, or 79,200 BTU's)	38
		Drain to sanitary sewer.	37
Yes Sheet #	N/A	Ventilation	Guide Pg#
		Hood details and completed hood worksheet for cooking equipment and non-undercounter high-temperature dishwashing machines. See Plan Check Guideline.	Sect. 11
		UL placard or equal for UL or equal listed hoods. Documentations is subject to verification and must include the model specific UL criteria, including exhaust volume, filter airflow rates, hood overhang (which may be greater than UMC), make-up air, duct details, and any equipment or other limitations.	18
		Submit room ventilated plans. Restrooms provided with ventilation.	
		Six inch or more hood overhang, depending on equipment installed. Note: Ductless hoods, short circulating hood systems, or other unapproved types will not be approved	
Yes Sheet #	N/A	Storage	Guide Pg#
		Provide backup food/beverage storage shelving equivalent to 25% of all kitchen space or one square foot of floor shelving per customer seat, whichever is greater (minimum 144 square feet of approved shelving).	43
		Provide sufficient approved shelving dispersed throughout the kitchen or other storage area(s).	43
		Bars or bar areas must have at least 72 square feet of backup storage shelving.	
		Each separate department in a supermarket or other large food establishments must have its own backup storage meeting these requirements.	42
		Provide adequate storage facilities for non food items (e.g., utensils, dishes, paper products, and linens.) Note: Establishments selling only prepackaged products must have an area or room at least 30 square feet in size, with at least 72 square feet of approved shelving.	42-43
Yes Sheet #	N/A	Plumbing/Indirect Waste	Guide Pg#
		Submit plumbing plans.	
		Indirect waste receptacles with minimum 1" air gap (floorsinks/funnel drains) shown for utensil sinks, prep sinks, walk-in condensers, beverage units, ice machines, etc.	35
		Indirect waste receptacles readily accessible for inspection and cleaning.	35
		Location of all floor drains. Traffic areas slope to floor drains at least 1:50 where floor drains installed. Note: Floor drain required in kitchens with Type I hood systems, utensil washing areas, meat or fish handling areas, produce trimming areas, bars.	
		Hot and cold water with pre-mixing faucet provided to each sink. Faucet sprout reaches each sink compartment of multi-compartment sinks.	
		Handsink(s) in each food and/or beverage handling area and utensil washing area.	
Yes Sheet #	N/A	Janitorial Facilities	Guide Pg#
		Mop sink or basin must be installed to prevent contamination of food, food preparations surfaces, utensils or equipment. Large enough to wash floor mats if these are used at the facility. Provide cut sheet. Note: Hot and cold running water through pre-mixing faucet and approved back flow prevention.	
Yes Sheet #	N/A	Vermin Control	Guide Pg#
		Exterior hinged doors self-closing.	
		Delivery doors protected by approved automatically activated air curtain.	

		Openable windows screened (minimum 16 mesh).	
		No gaps, holes, harborage, or entryways for vermin (including underneath doors).	
Yes Sheet #	N/A	Grease Traps/Interceptors	Guide Pg#
		Show location.	2
		Must be accessible for inspection and cleaning. <i>Note: Shall not be located in food handling area unless flush with the floor.</i>	45
Yes Sheet #	N/A	Miscellaneous	Guide Pg#
		Any facility on septic system or well must be approved by the Land Use program.	

I/We certify that the above information is true and correct.

Signature

Print Name

Date

Check One:

Architect

Designer

Contractor

Owner

Other

For a complete description of applicable requirements, please refer to Environmental Health Division Construction Guide for Retail Food Facilities. You can download a copy at www.cchealth.org/eh or call (925) 692-2500.