



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
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[www.cocoeh.org](http://www.cocoeh.org)



## PLAN CHECK CONSTRUCTION / REMODEL APPLICATION

**PLEASE PRINT CLEARLY**

PLAN INFORMATION			
Business / Facility Name:			
Former Business Name (if applicable):			
Street Address:		City, State, Zip Code:	
Cross Streets:			
Jobsite Phone Number:		Jobsite Fax Number:	
New construction: <input type="checkbox"/> YES <input type="checkbox"/> NO      Square Footage: _____			
Remodel: <input type="checkbox"/> YES <input type="checkbox"/> NO      Square Footage: _____      Extent of Remodel: _____			
Status: <input type="checkbox"/> Operating <input type="checkbox"/> Closed      (How long: _____)			
Type of Food Facility:			
<input type="checkbox"/> Bakery	<input type="checkbox"/> Restaurant (# of seats _____)	<input type="checkbox"/> Snack Bar	
<input type="checkbox"/> Commissary	<input type="checkbox"/> Retail Food Market (sq. ft. _____)	<input type="checkbox"/> Tavern/Cocktail Lounge/Bar	
<input type="checkbox"/> Incidental Retail Food Market	<input type="checkbox"/> School	<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:			
Title:		Email Address:	
Company:			
Mailing Address:			
City, State, Zip Code:			
Phone Number:		Fax Number:	
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			
Service Request #:	Plan #:	Census Tract:	District:
FEE: _____	Method Of Payment:		Driver's License #:
EXEMPT: _____	Check # _____ Cash _____		Driver's License State:
Date Received:	Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA		
	Receipt #:	Invoice #:	Received By:

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