



ENVIRONMENTAL HEALTH DIVISION

2120 DIAMOND BOULEVARD, SUITE 100

CONCORD, CA 94520

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PlanReview@cchealth.org



**RETAIL FOOD PLAN REVIEW
 NEW CONSTRUCTION / REMODEL APPLICATION**

FACILITY PLAN INFORMATION									
Business Name:					<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Former Business Name: _____				
Street Address:			Suite / Unit / Space #:		City, State, Zip Code:				
New construction: <input type="checkbox"/> YES <input type="checkbox"/> NO Sq. ft.: _____ Remodel for closed facility: <input type="checkbox"/> YES <input type="checkbox"/> NO Adding sq. ft.: _____ Remodel for active operating facility: <input type="checkbox"/> YES <input type="checkbox"/> NO Adding sq. ft.: _____ Status during construction: <input type="checkbox"/> Operating <input type="checkbox"/> Closed (If operating, provide written procedures to prevent contamination of the food preparation areas.)					Scope of Work: _____ _____ _____				
<input type="checkbox"/> Municipal Water <input type="checkbox"/> On-Site Water <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> On-Site WasteWater Treatment System									
Type of Food Facility: <input type="checkbox"/> Bakery (sq. ft. _____) <input type="checkbox"/> Commissary (Cart / Vehicle) <input type="checkbox"/> Commissary (Catering) <input type="checkbox"/> Restaurant (# of seats _____)			<input type="checkbox"/> Production Kitchen / Event Center <input type="checkbox"/> Retail Food Market (sq. ft. _____) <input type="checkbox"/> School <input type="checkbox"/> Snack Bar <input type="checkbox"/> Cocktail Lounge/Bar <input type="checkbox"/> Host Facility			<input type="checkbox"/> Single Food Equipment or Finish Change <input type="checkbox"/> Two Food Equipment or Finish Change <input type="checkbox"/> Three Food Equipment or Finish Change <input type="checkbox"/> Minor Remodel (i.e., Type II hood, walk-in cooler) <input type="checkbox"/> Type I Hood			
PERSON / ORGANIZATION REQUESTING PLAN REVIEW									
Applicant/Contact Person: Last Name, First Name					Title:				
Company:					Phone Number:				
Mailing Address:					City, State, Zip Code:				
E-mail(s):									
Signature of Applicant/Contact Person:					Date:				
PERMITTEE / TENANT BUSINESS OWNER INFORMATION									
Business Owner Name(s): (if corporation, provide primary contact)					Primary Contact Name(s):				
Owner Mailing Address/Home Address:					City, State, Zip Code:				
Billing Address (if different from mailing/home address):					City, State, Zip Code:				
Phone Number:			E-mail(s):						
FOR OFFICE USE ONLY									
AR#:	SR#:	PE#:	FA#:	PR#:	Dist. Insp.#:	CT#:	Date Rec'd:	Rec'd By:	
Amount Due:		Method of Payment: Check #: _____ Cash / Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA XR							

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 OF \$199.00
 CONSTRUCTION / REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS ARE OBTAINED