PLAN CHECK - ADDITIONAL SERVICES REQUEST

RETAIL FOOD FACILITY

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706-1423

www.publichealth.lacounty.gov/eh

Date of Request:	**Name and Title of Person Submitting:**
Phone #:	**Email:**

FOOD FACILITY

NAME:		**PHONE NUMBER:**	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
E-MAIL ADDRESS:			

BUSINESS OWNER

NAME:		**PHONE NUMBER:**	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
E-MAIL ADDRESS:			

SERVICE REQUEST

Select service(s) you are requesting:

- ☐ Site Evaluation
- ☐ Additional Inspection
- ☐ Additional Plan Review
- ☐ Modification of Plans
- ☐ Equipment Evaluation
- ☐ Outside Agency Review
- ☐ Restamping Previously Approved Plans
- ☐ Consultation Services
- ☐ Fire Rebuild Review

Indicate Name of Fire: ___________________________

FOR SITE EVALUATION

Approximate date business closed: _____________

I understand that that plan submittal may be required:

- If the facility underwent construction, alteration, addition/replacement of equipment
- If the facility does not meet the current California Retail Food Code requirements

____________ **INITIALS**

____________ **DATE**

FOR MODIFICATION OF A PREVIOUSLY APPROVED PLAN

Describe the scope of the modification:

OWNER REPRESENTATION DECLARATION

I understand the following:

The amount of fee paid is NON-REFUNDABLE and the application is **NON-TRANSFERRABLE**.

- The reviewed plans (whether approved or not) are **VALID** for **ONE YEAR**.
- Plans must be approved prior to beginning construction or installing any equipment.
- It is a **MISDEMEANOR** violation to begin operation without final inspection, approval, and valid Public Health Permit/License.
- Fee for initial 1-hour service is $167.
- Additional plan review, inspections, and other services are charged at an hourly rate of $167, with 1 hour minimum.

Signature: ____ **Date:** ____________________

OFFICE USE ONLY

CONTACT OFFICE	PAYMENT		PLAN CHECK NUMBER: _________________
	Amount Paid: ___________	☐ Cash ☐ Check # ___________	SR#: ___________ INVOICE#: ___________
	Date Paid: ______________	Cashier's Initials: _________________	Reviewed by: __________________________